



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Federated States of
Micronesia**

**Application for 2011
Annual Report for 2009**



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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

These are the standard forms that the Secretary of the Department of Health and Social Affairs already signed and they are attached to this application. The originals are being mailed to the address below:

HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up. This year, this process is used again and a copy of the application was forwarded to the FSM Congress for endorsement. This is because, by law the FSM Congress has to review and endorse all new grants. However, if any grant or program is discontinued, the Department of H&SA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained. A copy of the announcement that goes out with this year's application was already mailed into the above address and is also attached herein. Despite our efforts to have the public, especially our stakeholders to review and provide their comments to this application, all four FSM States including the National MCH Program this not receive any comments or feedback from the public.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

The Federated States of Micronesia (FSM) is composed of 4 States: Chuuk State, Kosrae State, Pohnpei State, and Yap State. It shares a freely associated relationship with the United States. HRSA requires that a Needs Assessment is done every five years. FSM responded by conducting a Needs Assessment in the four (4) FSM States. The purpose of the needs assessment exercise was to assess the progresses made during the past project cycle at the same time assist us to determine what priorities FSM should address during the next five year. The needs assessment activities involved review of the National Performance Measures, National Outcome Measures, Health System Capacity Indicators, State Negotiated Performance Measures, and Health Status Indicators. This year, the five-year needs assessment was conducted by staff of the MCH Program and other staff of the Title V Agency, both at the FSM State and national level, who are stakeholders in the implementation of the FSM MCH Program. The actual assessment involves a team approach where a core team made up of the FSM National MCH Program staff visited each of the FSM states and work with members from the State MCH Program team and members of the local communities, evaluated program related services that were provided to the maternal and child health population, and reviewed hospital and clinical statistics to ascertain medical and health problems facing the maternal and child health population.

Workshops were conducted through out the four FSM States to facilitate the review. In depth review of the MCH Data Matrix was conducted in order for us to gauge progresses made on each of the parameters based on the National Performance Objectives benchmarks set for each of the indicators for a particular time period. Both qualitative and quantitative data were collected to help us determine the percentage or rate of achievement or failure made and to understand the causes or reasons for such outcomes.

Individual Student Plan (ISP) and Individual Family Service Plan (IFSP) are used to gauge parents' response to questions relating to their involvement in decision making, coordination and comprehensiveness of care, availability of insurance, organization of community based service systems, transitional services, and level of satisfaction for services that are provided to children with special health care needs. This is done in a form of interviews. The response rate was not promising as fewer parents responded positively during these interviews. FSM will seek for technical assistance during the next program cycle to assist us to develop a user friendly survey that is simple and easy to analyze.

Although, FSM's achievement on the National and State Performance Measures and other Indicators of the MCH Data Matrix for the year 2009 is commendable, it should be noted however, that there is still a lot of work yet to be done. Major hindrances to activity implementation include lack of specialized clinics and specialty services, transportation and availability of medical supplies. During the next program cycle, the National MCH Program will work closely with the State MCH Programs to ensure that specialized clinics and specialty services are available, required transportation is secured, and needed supplies are purchased.

Constant turn over of staff is another challenge compounded by scarcity of nurses or qualified personnel in each of the four FSM States. Education and counseling protocols are not available for some of the service areas therefore the quality of the services depends mostly on the skills or level of expertise of the service provider. During the next program cycle, the FSM MCH Program

will strive to develop service protocols as part of the quality assurance initiative.

Taking into account our successes and failures during the past program cycle in the form of "lessons learned" FSM has identified 8 priority areas to which resources will be allocated during the next program cycle. In addition, FSM decided to maintain all but one of the State Negotiated Performance Measures from the past program cycle to track during the period 2011-2015. Two new State Negotiated Performance Measures were identified and also added in light of emerging health issues facing the nations during this period. The National and State MCH Programs staff will continue to attend regional and in-country training programs to continually update their knowledge and skills. The FSM MCH Program will continue to collaborate with other public health programs, such as the Family Planning Program, and organized community groups, such as the State Interagency Councils, to ensure that services get to remote communities and vulnerable populations including those who are homebound.

The fact that this year's needs assessment was done by ourselves (national and state MCH program staff and stakeholders at state level) we are optimistic and comfortable to profess that we have gotten to know the needs of the service population better and are ready to take measures aimed at sustaining our achievements and improving the shortfalls in the next program cycle. We have realized and put forth action plans to rectify the weaknesses realized during this year's needs assessment and have prepared to spearhead the planned activities constructively and propel the MCH Program in the FSM to the next level. All these are possible due to our efforts to add new staff to the program and stabilize existing program staff with renewed vigor to provide quality and timely services to the MCH population.

Based on this year's needs assessment the result shows that the health status of the MCH Population in the FSM had not improved substantially. In fact, in some areas it shows that health status outcomes had worsened. However, with heightened enthusiasm of the MCH staff and renewed and meaningful partnership with our stakeholders we are optimistic that desirable outcomes are achievable during the next program cycle.

An attachment is included in this section.

III. State Overview

A. Overview

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap. Based on the 2011 population projection of the 2000 Census, the total population of the FSM stood at 107,851 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 8,369 residents (7.8% of FSM total); the next largest population is in the State of Yap with 11,836 persons (11% of FSM total); Pohnpei state has a total population of 34,590 (32.2% of FSM total); and the largest population is in the State of Chuuk with 52,786 residents (49.1% of FSM total). Of this total population of 107,581, there are 23,247 women of child-bearing years of 15-44, which is 21.6% of the total population. Of this total population of child-bearing age women, there are 3,297 women between the ages of 15-17 years. The population structure continues to show that 49,740 (46.2%) of the residents - about half of the population are under the age of 20 and the children under five-year old stood at 13,262 or 12.3% of the population. The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef. The islands of the Chuuk Lagoon include:

Northern Namoneas -14,722

Weno (Moen)

Fono Southern Nemoneas -11,694

Tonoas Totiw

Fefan Tsis

Parem Uman Faichuk -14,049

Tol (Tol, Polle, Patta)

Eot Romanum

Fanapanges Udot

There are three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.

The Mortlocks (Nomoi) Islands - 6,911 population

Upper Mortlocks - Nama and Losap Islands

Mid-Mortlocks - Namoluk, Etal, Satowan atoll

Lower Mortlocks - Lukunor, Southeast Satawan

The Hall (Pafeng) Islands and Western Islands (Oksoritod) - 6,219 population

Houk Murillo Onouo Fananu

Polowat Onoun Unanu Ruu

Pollap Makur Piherarh East Fayu Island (uninhabited)

Tamatam Nomwin

The 2011 projected population of the State of Chuuk based on the 2000 Census was 52,706 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,847), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 52,706 total residents 54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the

youngest population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state. Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the islands coupled with the fact that there is no transportation system that allows access to these islands. The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. The inner part of the island is characterized by high steep rugged mountain peaks, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae State Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, Bank of FSM, Bank of Guam, FSM Development Bank, two restaurants and four hotels. The 2011 projected population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,457 people reside in Tafunsak, 2,591 persons in Lelu, 1,571 in Malem, and 1,067 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a land mass of 129 square miles, and is the largest island in the FSM. The island itself is a high volcanic island with a central rain forest and a mountainous interior. The elevated interior has eleven peaks of over 2,000 feet with the highest peak, Nahnaud at 2,595 feet above sea level. Pohnpei proper is encircled by a series of inner-fringing reefs, deep lagoon waters and an outer barrier reef with a number of islets found immediately off shore. The island of Pohnpei is subdivided into five municipalities of Madolenihmw, U, Nett, Sokehs, Kitti, and the town of Kolonia where the majority of the government buildings and offices, and the Pohnpei State Hospital are located. Of the outer islands of Pohnpei, to the south lies Kapingamarangi (410 miles from Pohnpei proper), Nukuor (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lies the islands of Mwoakilloa (95 miles) and Pingelap (155 miles). These outer islands together comprise a land mass of approximately 133 square miles and 331 square miles of lagoons. The 2011 projected population of Pohnpei, based on the 2000 Census data, numbered 34,486 residents and is projected to reach 48,700 by the year 2014. More than half (53%) of the population (18,194 persons) of Pohnpei are less than 20 years of age with the median age of 18.9 years. There are 7,713 women of child-bearing age between 15-44 years and they comprise 46% of the female population. Travel on the island of Pohnpei proper is increasingly easier with the increased development and improvement of paved roads to outlying communities. However, because of scattered housing along secondary unpaved dirt roads, there are still many residents who have a difficult time in accessing health care. The outer islands are the most difficult to reach because of the infrequent and undependable cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services. The State of Yap lies in the western most part of the Federated States of Micronesia. Yap proper is the primary area in Yap state and is a cluster of four islands (Yap, Gagil-Tomil, Maap, Rumung) connected by roads, waterways, and channels. Most of the coastal areas are mangrove with occasional coral beaches. The town of Colonia on Yap proper is the

capital of Yap. The State of Yap has a total of 78 outer islands stretching nearly 600 miles east of Yap Proper Island of which 22 islands are inhabited. Although these islands encompass approximately 500,000 square miles of area in the Western Caroline Island chain, Yap state consists of only 45.8 square miles of land area. Most of the outer islands are coral atolls and are sparsely populated. The 2011 projected population distribution among these island based on the 2000 Census data are: Yap Proper with 52% (5,870 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,101 residents (9.8%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 2,581 persons (23%); Fais, population 301; Eauripik, population 113; Satawal, population 531; Faraulep, population 221; Ifalik, population 561; Elato, population 96; Ngulu, population 26; and Lamotrek, population 339. The 2011 projected population of Yap state, based on the 2000 Census data, stands at 11,241 which is a 0.6% increase over the 1994 Census data. The Yap population comprises 10.5% of the total population of the Federated States of Micronesia. The median age for Yap is 20.9 years and is the highest median age among the four states and comparatively higher than the median age of the FSM, which is 19 years. The age distribution of the population in Yap shows that 48.4% are under 20 years of age (5,438 persons); there are 2,775 women between 15-44 years of age, the child-bearing years which is 48% of the total female population. Similar to the Island of Pohnpei, transportation on Yap Proper is becoming easier because of the development and improvement of paved roads; however, there are clusters of villages that are still difficult to access because of unpaved dirt roads. The outer islands are also difficult to reach because of the infrequent cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services. Within the FSM, the health care delivery environment differs for each of the four states and depends on the availability of resources, the geography of the state, and the extent to which the health care system has been de-centralized - as recommended in the 1995 FSM Economic Summit. The center of each State's health system is the hospital. Each contains an emergency room, outpatient clinics, inpatient wards, surgical suites, dialysis unit, a dental clinic, a pharmacy, laboratory and X-ray services, physical therapy services, and health administration offices which includes an office for data and statistics. In addition to these acute care services, the Public Health clinic services are provided either within the same facility as the hospital or in a separate facility on the grounds of the hospital. These central hospitals are located on the island of Weno in Chuuk state, in the municipality of Lelu in Kosrae state, in Kolonia on the island of Pohnpei, and in Colonia on the island of Yap Proper. These hospitals and its services are directly accessible only to residents of the urban (state) centers. For residents who live on the lagoon islands or the outer islands, access is more difficult because of the lack of public transportation between the islands. In addition to these centralized facilities for both medical care and public health services, each of the four states are in the process of decentralizing the system to be able to provide health care services in outlying and remote areas. The State of Chuuk and the State of Yap both have dispensaries in the outer islands as part of the Primary Health Care Division that are served by health assistants. Only the basic of health care services are available in these sites and consultation with medical personnel at the hospital is necessary for more complicated medical care. The State of Pohnpei and the State of Kosrae are extending services into the communities through the improvement and expansion of community-based dispensaries which are served by medical and health personnel from the public health programs who travel to these out-lying dispensaries either on a daily basis or several times a week to provide services.

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. The 2004 projected Income Data based on the 2000 Census showed that out of the total 2,030 households in FSM, 77% (1,578) reported having cash income with an average income of \$10,344 and a median income of \$6,489. This represents half of a percent (.5%) increase from the 1994 Census. However, there is still a disparity of income level among the Yap proper population and the outer island population. The average household income in Yap proper is \$11,462 with a median income of \$7,299 where as in the outer islands the average household income is \$4,900 with a median income of \$4,242. In Chuuk, 6,385 reported having cash income with an average income of \$9,627. The median income is \$2,778. This level of income is higher for the lagoon island households than the outer island households.

Compared this to the 1994 Census for Chuuk, this represents a 5.6% increase. For Pohnpei, there were 5,067 households with cash income. The average income was \$11,249 and the median was \$6,345. As in all outer islands situation, the income level for the Pohnpei outer island households compared to the households on the main island is three times lower. In Kosrae, 97% (1,059) of the total households have some kind of cash income. Out of these 1,059 households, the mean household income is \$12,407 and the median is \$7,528. Compared to the 1994 Census, this represents a 3.8% change or increase in median income.

Essentially, the FSM is the Title V Grantee of this program.

B. Agency Capacity

The State Title V Agency is in the FSM National Government, which is physically located at Palikir on the island of Pohnpei, six miles away from Kolonia, the center of the state government, and the major commerce and business center of Pohnpei state. The national government, patterned after the U. S. democratic government, has three branches - The Executive Branch, The Judiciary, and the Legislative Branch. The three branches of the government were re-organized in May 2007. This re-organization separated the former Departments of Health, Education, and Social Affairs (HESA) into a new Department of Health and Social Affairs (H&SA). For the purposes of receiving U. S. Federal Domestic Assistance, the National Government is designated as the "State Agency". However, all funds approved by the U. S. Federal Government to support MCH Title V and allocated to the FSM Government are further allotted to each State MCH Program by way of Allotment Advices issued by the National Budget Office, now under the administration of the new Office of Statistics, Budget, Overseas Development Assistance, and Compact Management (SBOC). Each of the State MCH Program collaborates with the local departments of education, agriculture, social services, Land Grand Nutrition Program annexed to the College of Micronesia-FSM, and Women Interest Program. The collaborations focus on promotion of Vitamin A and nutrition, support services to promote exclusive breastfeeding and parenting skills. Other collaborations with the private organization such as Early Childhood Education Program and private schools focus on early dental care services. Through the Immunization Program, the MCH Program in Pohnpei State also collaborates with the Genesis Clinic and the Pohnpei Family Health Clinic by providing vaccines free of charge. In return, the clinics provide immunization data, which is one of the outcome measures for the MCH Program. Within each of the four states, under the direction of the State Director of Health, the Primary Health Care Services administers the MCH Title V Program. The MCH Programs provides primary care and preventive services to pregnant women, mothers and infants; preventive and primary care for children; and services for children with special health care needs. In FY 2010, there were 36 full-time staffs in the four FSM States funded by the Title V Program. These include four full-time MCH Coordinators for Chuuk, Kosrae, Pohnpei and Yap, the CSHN Coordinators for Chuuk, Pohnpei and Yap states, as well as staff positions such as nurses, health educators, health assistants, dental assistants, and clerical staff. The Public Health Department provides all of the preventive and primary health care services at no cost to the clients. The staffs of the MCH Programs work closely with the staff from other programs to provide the full array of services. Some of the other programs that collaborate with the MCH Program include the family planning program, the immunization program, the school health program, the prenatal care program, and the STD program. Between 2006 and 2009 there have been several changes in the leadership of the MCH and CSHCN programs at the national and state levels. At the National level, Mr. Marcus Samo assumed the position of Assistant Secretary of Health and Mr. Dionis Saimon, Program Manager for Family Health Services and Non-Communicable Diseases Section became the new National MCH Coordinator. At the state level, the MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. In the absence of a full-time MCH Program Coordinator in Kosrae State, the Chief of Public Health was administering the MCH Program, on a day-to-day basis, in addition to her oversight responsibility of the other programs at Public Health while the MCH Coordinator was being recruited. Also, the MCH Coordinator for Pohnpei State accepted another position as the Public Health Nurse Supervisor while her counterpart, the

CSHCN Coordinator, accepted a nursing position in the immunization program. In the interim, two other Public Health Staff were appointed to take after the programs on a day-to-day basis while the positions were being advertised. Also, in 2006, the MCH Coordinator in Yap State resigned and a replacement Coordinator was hired. A replacement MCH Data Clerk for Chuuk was hired in early 2006 after the MCH Data Clerk left the job to go back to school. Also, in 2006, the National MCH Program processed for recruitment of a CSHCN Physician. A full time CSHCN Physician was hired in November 2006 and was detailed to Chuuk State because of the size of the CSHCN population and the reality of the situation in Chuuk. A replacement MCH Coordinator for Kosrae State was hired in February but then resigned in June to accept another job in Majuro, Marshall Islands. Meanwhile, the Kosrae State Chief of Public Health, the previous MCH Coordinator, was taking after the program on a day-to-day basis while Kosrae State processed for recruitment of a new MCH Coordinator. The positions in Pohnpei and Kosrae States were advertised and filled soon, thereafter. The only incumbents that have been stable were the MCH Coordinator and CSHCN Coordinator in Chuuk and the CSHN Coordinator in Yap states. These changes in the MCH and CSHCN programs have led to a lot of instability in the two programs at the state level. Progress in the implementation of the policy and procedures and services for the Comprehensive Well Baby Clinics and the Children with Special Needs Programs has been significantly hindered because of the need to continually re-orient and re-train new staff. Since 2007, the leadership in the MCH and CSHN programs in the states has stabilized and the MCH Coordinators and CSHCN Coordinators in all four states have been in their respective positions during the full year. Training and education for the coordinators during this time has continued at three levels: (1) Individual on-site consultation has been provided twice a year for the MCH Coordinators and CSHCN Coordinators in the four states on developing policy and procedures, program implementation, data collection, data analysis and interpretation, and improving data capacity. (2) The Annual MCH Workshop was held in June each year and brought together the MCH Coordinators, the MCH Data Clerks, the CSHN Coordinators, and staff from the National Government's Health Department where issues were discussed related to improving state data capacity and early intervention services for children with special needs. (3) Special conferences and other educational opportunities were provided to the MCH Coordinators who attended on-line courses from the Fiji School of Medicine, MCH and CSHCN Coordinators attended the PACRIM Conference in Honolulu and the American Pacific Nurses Leadership Conference (APNLC) in Saipan. The MCH Coordinators and Nurses also attended the Pacific Basin MCH and Family Planning Annual Conference sponsored by Pacific Health and Title X Regional Office, which rotates among the Pacific Island jurisdictions each year. Prior to 2007, the MCH Program in the FSM also experienced moderate rate of turnover for the MCH Data Clerks. However, in 2007 replacement MCH Data Clerks were hired for Pohnpei and Chuuk and since then all MCH Data Clerks have been in their respective positions until this year. These MCH Data Clerks were added to the four state programs through SSDI Project funding to improve the collection of MCH related data within the states. The data clerks were deployed to the state Medical Records Department and have the primary responsibility for assuring the completion and accuracy of the birth certificates, the fetal death certificates, the infant death certificates, and the pediatric death certificates. The data clerks are also responsible for manually "linking" the infant death and birth certificates. These linked certificates are then given to the MCH Coordinators for analysis and interpretation. The Chuuk MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Pregnant women are provided with prenatal care services twice a week at the central prenatal clinics in Public Health section of the Chuuk State Hospital. The first prenatal care visits are provided on Tuesdays where women are screened for pregnancy risks, hepatitis, Pap smear, and anemia. Revisit prenatal care services are provided on Thursdays for routine prenatal care where nutrition education, dental services, and physician services are provided. High-risk prenatal clinics are also provided on Thursdays. The Health Assistants in the field provide prenatal care to women in the out-lying islands. Family planning services are provided to those women who attend the post-partum clinics. Well baby care services are provided to infants in Public Health once a week. Services at this clinic include growth monitoring, developmental screening, immunization, nutrition education and counseling. The physician provides physical assessments to all infants who attend the clinic. Services for children are primarily immunization services that are provided both at

Public Health as well as by outreach teams in the outer islands. Preventive dental health services are also provided for the children in the schools using staff from the Dental Division and the MCH Program. Children with special needs are seen at a weekly CSHCN Clinic by the CSHCN physician who provides the medical and health care to the children with disabilities. The program staffs also provide services to the children and families in the home when warranted. The CSHCN Program has been developed as an interagency effort among the MCH Program, the Chuuk State Hospital, the Special Education Program, and the Early Childhood Education (ECE) Program. Because of the wide distribution of the population among the Lagoon Islands and the outer islands, the MCH Program has started an outreach program to serve women and children who live in remote locations. Teams of physicians and nurses travel to these remote islands to provide prenatal services, immunization services, screening services, and dental services. The Kosrae MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Pregnant women are provided prenatal care services on Tuesdays and Thursdays of each week at the Public Health section of the Kosrae State Hospital. The first prenatal visits are scheduled for Tuesday and the services include monitoring of weight and blood pressure, hematocrit for anemia screening, fasting blood sugar, and urinalysis. The women are also screened for Hepatitis B, STD's, and cervical cancer with a Pap smear. The tetanus booster is updated and they are provided with a physical examination by the physician. Pregnant women who meet the criteria for high risk are referred to the high-risk clinic on the Thursday morning. All the revisits are also done in the Thursday morning clinic. Mothers who have delivered attend the post-partum clinic one month after delivery and are provided with hematocrit screening, blood pressure and weight check, and physical examination. Women are then encouraged to attend the family planning clinic for contraceptive services. Well baby care services are provided on a weekly basis and include growth monitoring, developmental screening, nutrition education, breastfeeding, and immunization. The Children with Special Needs program provides assessment and follow-up services for infants and children who are referred with handicapping conditions. For children who are homebound, the CSHCN team will make home visits to provide medical and educational services. The CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. The Pohnpei MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. The Pohnpei Health Services has three divisions- Primary Health Services Division, Dental Services Division, and Medical Services Division all operating under the State Director of Health Services. The Primary Health Services Division includes all of the dispensaries on Pohnpei proper and also those on the outer islands. Each dispensary is staffed with a health assistant and a nurse. A physician provides medical and consultative services to the dispensaries with visits at least 2-3 times a week. The Medical Services Division provides inpatient services, emergency room services, as well as primary care services through the outpatient clinics. The inpatient services include acute medical care on the medical ward, surgical ward, obstetrical ward, pediatric ward, and newborn nursery. The mental health services are situated outside of the hospital in a building across the street and operate under the supervision of the Chief of Primary Health Services. The MCH Program provides prenatal care, post-partum care, immunization, and children with special health care needs services. Pregnant women are seen in the prenatal clinics based on their risk status. Services provided during prenatal care include physician examination, weight and blood pressure monitoring, urinalysis, hematocrit, Pap smear, Hepatitis B screen, and STD screen. Preventive services include prenatal vitamins, iron, diet and nutrition counseling, and care during the pregnancy. Post-partum services are scheduled with the Public Health Clinic at the time that a woman is discharged from the hospital after the delivery. At the post-partum visit, both mother and infants are examined, mother is counseled on breastfeeding, and the mother is referred to the family planning program for counseling and contraceptive services. The infant is given an appointment for the immunization clinic. The Children with Special Health Care Needs program provides clinical assessments and follow-up with the physician through the CSHCN Program Coordinator. The Pohnpei CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. The MCH staffs are part of the teams from

Primary Health Division that conduct health screening of children in schools each year. During these screenings, weight and heights are taken, a physician, health assistant, or Medex conducts a physical examination, and visual screening is also done. There are field trips that take these teams to the outer islands to conduct these screenings, however, not on a regular basis. The Yap MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Prenatal care services are provided by the MCH Program on Tuesday, Wednesday, and Thursday of every week. In the outer islands, pregnant women are seen by the health assistants and women who are identified as high risk are referred to Public Health. Prenatal care services include weight and blood pressure monitoring, screening for anemia and Hepatitis B, nutrition education and counseling, and breastfeeding counseling. Well baby care services are provided for all infants and services include growth monitoring, developmental screening, nutrition counseling, and immunizations. The Children with Special Needs program provides clinical assessment for children suspected of having a handicapping condition. Medical follow-up is provided by the Public Health physician and the CSHCN Coordinator, who is a Public Health Nurse. The Yap CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. During the past program cycle, two of the four FSM MCH coordinators completed a certificate program from the UH MCH Training Program. Although one of them has moved on and became the Chief, Division of Public Health, she continues to spend considerable amount of her time supervising the affairs of the MCH Program staff and activities. These two staff gained new skills and insights ranging from program planning, management, evaluation and needs assessment. This will contribute to how the FSM MCH Program provides services to women, infants and children. In addition, the program coordinators and the MCH data clerks attended several workshops in the past years, two of which are worthy to note here. The first one was the annual MCH training sponsored by the UH MCH training program. Again, this workshop afforded them the opportunity to share ideas and to develop their skills in the area of MCH services. The second workshop, which was more technical in nature, was the basic epidemiology training that was ever sponsored in the Pacific region by HRSA, MCHB. Though this workshop deals with the entire aspects of basic epidemiology, it gave the MCH coordinators and the MCH data clerks the opportunity to understand the reasons for collecting and analyzing numbers. This was a positive achievement and it needs to be fostered. Also during this past project cycle, two workshops were held with the FSM Special Education Program where staff from both programs came together and discussed ways to improve services provided to children with special health care needs. From that workshop, the two programs agreed to carry out a joint survey to determine how parents or caretakers perceive the services their children are getting from the programs.

(see copy of the questionnaire attached).

The FSM National Program coordinator continues to receive educational training in epidemiology through the Annual MCH Epidemiology Conferences sponsored by CDC and HRSA to fill some of the needs that are critically needed by the MCH Program and by the FSM Department of HESA. Two Physicians, one each, from Chuuk and Kosrae States, who have been helping out with the MCH and Family Planning clinics, have attended and completed the UH MCH Training Program. These two staff gained new skills and insights ranging from program planning, management, evaluation and needs assessment. This also contributed to how the FSM MCH Program provides services to women, infants and children. This year, FSM conducted the 5-Year Needs Assessment in the four FSM states starting in Yap State and completing with Pohnpei State. Due to financial constraints, the Needs Assessment team was smaller than it was during the 2005 Needs Assessment. The Needs Assessment team included the Assistant Secretary of Health, Mr. Marcus Samo, the National MCH Program Coordinator, Mr. Dionis Saimon, National Family Planning Program Coordinator, Mr. Stanley Mickey and CSHCN Physician, Dr. Anamaria Yomai. Detail of the Needs Assessment activity and process is discussed, in full, under the Needs Assessment Section. Also this year, during the month of June, FSM convened its 2010 FSM MCH Annual Workshop, for one (1) week, in Chuuk State. The venue of the FSM MCH Annual Workshop rotates among the four FSM states each year to grant the host state the opportunity to

have more participants attend the workshop. This year's annual workshop brought together the MCH Program Coordinators, CSHCN Program Coordinators, MCH Data Clerks, Women and Children's Physicians, including the chiefs, division of Public Health from the four FSM States. Other program staff, physicians and representative of our stakeholders, like public safety, also attended this workshop. The workshop was facilitated by the National MCH Program Coordinator and assisted by the Assistant Secretary of Health and the CSHCN Physician. During the annual workshop, we had the opportunity to assess the MCH program during the past five (5) years (past program cycle) in terms of what accomplishments or achievements were made, what challenges were encountered, what were the consumers expectations, service providers expectations, health administrators expectation, and as MCH folks what are our vision or goals for the next five year (new program cycle). After a long week of networking and deliberations we are confident and comfortable to report that we were able to collectively find the answers to the above stated questions, the responses of which assisted and guided us toward the development of the Priorities for the MCH Program in the FSM for the next 5 years. Again, the details of the discussions are included under the Needs Assessment section of this application.

C. Organizational Structure

There are two levels of government in the FSM, the National Government level and the State Government level. At the National level, the Secretary of the Department of Health and Social Affairs (H&SA) manages health affairs for the nation. The FSM Title V Maternal and Child Health Program, as the designated State Health Agency, is at the National Government level, and is one of the programs under the Secretary, Department of Health and Social Affairs (H&SA). The Maternal and Child Health Program is one of the six (6) programs (Title V MCH, Title X Family Planning, UNFPA Family Health Project, Early Hearing Detection and Intervention (EHDI), Diabetes and Hypertension and Nutrition) under the Family Health Services and Non-Communicable Diseases Section in the Division of Health Services. The section is headed by a Program Manager, who is the National MCH Program Coordinator. The National MCH Coordinator works under the Secretary of Health & Social Affairs (H&SA) as well as in collaboration with other coordinators at the national level, such as the Immunization Coordinator, the Family Planning Coordinator, the HIV/AIDS Coordinator and the Diabetes Control Program Coordinator. The day-to-day administration and management of the Title V Program is under the direct control of the National MCH Coordinator, who also works closely with each of the four state MCH Coordinators. At the state levels, the Department of Health Services is headed by the Director of Health who is appointed by the Governor of the State and is responsible for all medical and health services in the state. Organizationally, in Pohnpei state, directly under the Director of Health are the Chief of Medical Services who is responsible for hospital based medical services and the Chief of Primary Health Care Services who is responsible for all public health services and functions, and the Chief of Dental Services. In Kosrae state, the three divisions are Division of Administrative Services, Division of Curative Services, and Division of Preventive Health Services. Each state has a central State Hospital with medical, nursing, and support personnel that provide all of the acute inpatient and outpatient medical services for the residents of the state. The Maternal and Child Health Program and the Children with Special Health Care Needs Program are both organizationally under the Chief of Primary Health Care Services. For the planning, implementation and provision of direct services to the maternal, infant, child, and adolescent populations, each state has an MCH Coordinator and a Children with Special Health Care Needs (CSHCN) Coordinator. At the National Level, the Secretary is assisted by an Assistant Secretary for Health who has administrative supervision over the Program Managers of four new sections - the Communicable Disease and Immunization Section; the Environmental and Community Health Section; the Substance Abuse and Mental Health Section; and the Planning, Family Health, Maternal and Child Health, and Non-Communicable Disease Section which includes the Maternal and Child Health Program. The Program Manager of the Planning, Family Health, Maternal and Child Health, and Non-Communicable Disease Section also act as the National FSM MCH Coordinator and will continue to work with the MCH Coordinators in the four states, provide the guidance for the MCH Programs in the states, and will also be

responsible for fulfilling all of the responsibilities of MCH State Agency for the FSM. (See Attachments for organization chart).

An attachment is included in this section.

D. Other MCH Capacity

Within each of the four states, under the direction of the State Director of Health, the Division of Primary Health Services administers the MCH Title V Program. The MCH Programs provides primary care and preventive services to pregnant women; mothers and infants; preventive and primary care for children; and services for children with special health care needs. There are 32 full-time staff in the four FSM States funded by the Title V Program. Out of the total (32 employees,) 14 are in Chuuk state; 4 in Kosrae state; 6 in Pohnpei state; and 8 in Yap state. Of the 14 MCH staff in Chuuk state; 4 are staff nurses, 3 are health assistants, 2 are coordinators, 2 are administrative support staffs, 1 is a physician, 1 is a financial staff, and 1 is a dental nurse. Out of the total (4 employees) in Kosrae state; 1 is a coordinator, 1 is a staff nurse, 1 is a nutritionist, and 1 is a dental nurse. Kosrae state has not been able to recruit a CSHCN Coordinator since 2008 due to shortage of nurses. Kosrae state opted to hire a graduate nurse for this position. Meanwhile the MCH Coordinator is responsible to coordinate services on a day-to-day basis to ensure that services for children with special health care needs are not disrupted. Of the total (6 staff) in Pohnpei state; 2 are coordinators, 2 are dental nurses, 1 is a staff nurse, and 1 is an administrative assistant. Of the total (8 staff) in Yap state; 3 are dental nurses, 2 are coordinators, 2 are staff nurses, and 1 is an administrative assistant. Currently, there are no full-time positions funded by the Title V Program at the National Government level. The National MCH Coordinator's salary is paid out of the general fund of the Government of the Federated States of Micronesia. In addition to the full-time positions in the Title V Program, there are four data specialists funded by the SSDI Program that play integral role in the Title V Program. These specialists, who physically work in each of the Vital Statistics and Record Divisions of each of the State Hospital, plus the 32 full-time positions described above make up a total of 36 full-time positions available to the Title V Program in the FSM. These staffs constitute the MCH Programs in each of the State Public Health Departments and they directly provide all of the preventive and primary health care services at no cost to the clients. The staffs of the MCH Programs work closely with the staff from other programs to provide the full array of services. Some of the other programs that collaborate with the MCH Program include the family planning program, the immunization program, the school health program, the prenatal care program, and the STD program. The planning, evaluation, and data analysis are provided by the MCH Coordinators in each of the four states with the support from the Coordinators of other programs such as the Immunization Program and the Family Planning Program as well as from the staff of the National MCH Program. While the FSM MCH Program will continue to look at alternative ways of ensuring technical assistance needs for all the State MCH Programs, it will also utilize its own resources from the National Government level to provide such needs. The four MCH Coordinators, at state level, are responsible for assuring that clinical services are provided to pregnant women, infants, children, and children with special health care needs. Of the four MCH Coordinators, three are Registered Nurses and one has experience working in the hospital as the Head of the Medical Supplies Department. Of the three CSHCN Coordinators two are Registered Nurses and one has experience working with the Department of Education, Special Education Program. In addition to these RNs, each of the States provides on its own budget a medical doctor to the MCH Program and together they are responsible for assuring that clinical services are provided. The planning and evaluation process for the MCH Program in the FSM includes input from different programs, administrators and key staff. First at the National level, the MCH Program Coordinator is the Chief of the Section for Family Health Services and Chronic Disease Services, Mr. Dionis Saimon, and is assisted by key staff such as Mr. Stanley Mickey, Family Planning Program Coordinator and Ms. Vicky Nimea who does the financial management of the program along with other support staff. The coordinator ensures that the program is implemented in each of the FSM states and that training, material and financial resources are provided to the staff in the states to carry out the activities. The MCH Program has added a physician, who is a pediatrician by training, in one

of the FSM state specifically for the MCH Program. From time to time, this physician, who has the medical and clinical expertise in children's health, travels to each of the FSM state to provide care that may be needed in the other states, where a doctor for that specialty may not be available. Training and education for the coordinators during this time has continued at three levels: (1) Individual on-site consultation has been provided at least once a year for the MCH Coordinators and CSHN Coordinators in the four states on developing policy and procedures, program implementation, data collection, data analysis and interpretation, and improving data capacity. (2) The State Interagency Conference, which is held biennially, were held in February 2007 and April 2009 and brought together the MCH Coordinators, the MCH Data Clerks, the CSHN Coordinators, Physicians, Special Education staff, Head Start Program staff, women groups, RSAs, other stakeholders including NGOs and staff from the National Government's Health and Education Divisions where issues were discussed related to improving state data capacity and early intervention services for children.

E. State Agency Coordination

At the State Level, the MCH Program is organizationally part of the Primary Health Care Services Division (Public Health Services) which also includes the Family Planning Program, the prenatal care program, the Immunization Program, the HIV/AIDS Prevention Program, mental health services which includes the alcohol and substance abuse programs, School Health Program, the NCD (non-communicable diseases - hypertension, diabetes) Program, and the Tuberculosis and Leprosy Program. Because all of these programs and services are under the supervision of the Chief of Primary Health Care Services Division, coordination services among these programs is possible. At the National Level, the MCH Program is organizationally part of the Family Health Services and Non-Communicable Diseases Section (Division of Health Services) which also includes the Title X Family Planning Program, UNFPA Reproductive Health, Sexual Health and Family Planning Project, Early Hearing Detection and Intervention (EHDI) Project, Non-Communicable Diseases (hypertension and diabetes) and Nutrition. Because all of the programs are under the supervision of the National MCH Program, who is the Program Manager for Family Health Services and Non-Communicable Diseases section, coordination of these programs and collaboration with other programs is possible. The MCH Title V Program staff at the state level work closely with the Special Education Programs of the Department of Education, Early Childhood Education Program, the Dental Health Divisions of each state health services; Family Food Production and Nutrition (FFPN) Program (a UNICEF-supported program located at each State Department of Agriculture), parents support groups, church leaders, women's groups, community and traditional leaders. In the four states, an interagency agreement for the Children with Special Health Care Needs Program has been developed that involves the Children with Special Needs Program, MCH Program, the State Hospital, the Department of Education, Special Education Program, the Early Childhood Education Program, and the Parent Network. This interagency agreement has been established to assure that children are screened for disabilities, and those who are suspected of having a disability are referred to the Children with Special Health Care Needs Program for an assessment. The agreement also assures that an interdisciplinary team of members from each of the agencies is available to conduct an assessment, develop the individualized plan, and provide or coordinate the services. In 1999, the Governor of Chuuk state established a new task force - The Chuuk State Children Task Force - and appointed members from the community to serve and includes the MCH Coordinator. The Children with Special Needs Coordinator and the UNICEF Nutrition Advisor were appointed as Co-Chairpersons for this task force. The task force is charged to assess the issues related to the Children's Rights Convention as ratified by the FSM National Government. One of the first tasks of this group is to identify and examine existing laws and regulations that protect the rights of children. Also in Chuuk, there is the Chuuk State Inter-Agency Nutrition Committee, which is designed to promote any nutrition activities for Chuuk state. This Committee has assisted MCH Program to do more breast-feeding education by training women's groups in the communities on the importance of exclusive breast-feeding and the impact on the health of infants and children. The MCH Program is organizationally part of the Primary Health Care Services Division (public

health services) which also includes the Family Planning Program, the prenatal care program, the Immunization Program, the HIV/AIDS Prevention Program, mental health services which includes the alcohol and substance abuse programs, School Health Program, the NCD (non-communicable diseases - hypertension, diabetes) Program, and the Tuberculosis and Leprosy Program. Because all of these programs and services are under the supervision of the Chief of Primary Health Care Services Division, coordination of services among these programs is possible. At the National Government level, the Chief of the Section who also serves as the MCH Program Coordinator at the National level coordinates, along with the financial and administrative support staff, with all the FSM State MCH Programs activities pertaining to services for women, infants and children. Consultation is made on regular basis with the Assistant Secretary of Health and the Secretary of Health, along with the three chiefs from the other three sections. Together, this constitutes the senior management team. The FSM does not have the following programs or services: Title XIX - Medicaid, Title XXI - Child Health Insurance Program, Social Services, Child Welfare Programs, Social Security Administration, WIC Program, or Rehabilitation Services.

F. Health Systems Capacity Indicators

Introduction

The rate of children hospitalized with Asthma was increased to 33.8 in 2009 compared to 21.1 in 2008. Chuuk State reported 5/5,699 or 8.8 out of every 10,000 of the less than five year old population hospitalized with asthma. Kosrae State reported 19/1037 or 183 out of every 10,000 hospitalized with asthma. Pohnpei State reported 11/4425 or 24.8 out of every 10,000 hospitalized with asthma. Yap State reported 9/1870 or 48 out of every 10,000 hospitalized with asthma. This may be a direct outcome of the decrease in outreach activities to educating pregnant mothers about harmful effects of tobacco use and tobacco products, which was incorporated into and became part of prenatal care education and counseling sessions and outreach activities. Another factor that may have contributed to the increase was the fact that more mothers have given up their babies for adoption or started working. The assessment of the data for infants born to pregnant mothers receiving prenatal care beginning in the first trimester showed modest decrease. In 2009, 34.7% of all infants born were born by women receiving prenatal care during the first trimester compared to 40.4% in 2008. Except for Yap, who reported an increase of 24% in 2009 from 17% in 2008, all other states reported modest decrease.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	38.6	40.8	21.5	21.1	33.8
Numerator	57	59	28	27	44
Denominator	14783	14449	13042	12791	13031
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

The rate of children hospitalized with Asthma was increased to 33.8/10,000 in 2009 from 21.1/10,000 in 2008. The state programs reported that they continue to educate mothers on importance of nutrition, impact of first-hand smoking and second-hand smoking including healthy eating practices and habits. All states are showing that more more children were hospitalized

with Asthma in 2009 compared to 2008. Chuuk reported an increase in 2009 to 8.8/10,000 from 5/10,000 in 2008. Pohnpei reported an increase in 2009 to 24/10,000 from 22/10,000 in 2008. Kosrae reported an increase in 2009 to 183.2/10,000 from 116/10,000 in 2008 and Yap reported an increase in 2009 to 48.1/10,000 from 14.5/10,000 in 2008.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Not applicable to FSM.

Notes - 2008

Not applicable to FSM.

Narrative:

FSM is not eligible for Medicaid therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	100.0	0.0	0.0		0.0
Numerator	1	0	0		0
Denominator	1	1	1		1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					Provisional

Notes - 2009

Not applicable to FSM.

Notes - 2008

Not applicable to FSM.

Narrative:

FSM is not eligible for the SCHIP therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	45.6	55.9	55.2	41.7	59.6
Numerator	735	546	520	383	566
Denominator	1611	976	942	919	949
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Narrative:

Although FSM did not meet the minimum 80% required visits, there is improvement in 2009 of 59.6% from 48.1% in 2008. This may have resulted from FSM's efforts in conducting comprehensive health education session in schools and communities about the importance of prenatal care and also encouraging women to come in for prenatal care earlier. All the states reported increases and Kosrae state was very close to achieving the 80% requirement by achieving 79.5%. This may have resulted from the Mobile Clinic (medical center on wheels) that Kosrae purchase and drive to the communities to provide services. Other States coverage include, Chuuk improving to 56.6% in 2009 from 50% in 2008. Pohnpei improved to 48.8% in 2009 from 39.6% in 2008 and Yap improves to 60.5 in 2009 from 40.7% in 2008. FSM has wanted to use the WHO Index, which requires four prenatal visits per year, for sometime now, but we have not been able to find someone to train the MCH staff in its use. Only Yap State knows how to use the WHO Index. There is plan to send one of the MCH program staff to the other FSM States to train MCH staff in the use of the WHO Index.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0

Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Not applicable to FSM.

Notes - 2008

Not applicable to FSM.

Narrative:

FSM is not eligible for medicaid therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Not applicable to FSM.

Notes - 2008

Not applicable to FSM.

Narrative:

FSM is not eligible for EPSDT therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	0.0		0.0
Numerator	0	0	0		0

Denominator	1	1	1		1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					Provisional

Notes - 2009

Not applicable to FSM.

Notes - 2008

Not applicable to FSM.

Narrative:

FSM is not eligible therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (< 2,500 grams)	2009	other	0	11.1	11.1

Notes - 2011

The data source is Vital Statistics.

Narrative:

FSM is not eligible for medicaid so we cannot compare therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2009	other	0	13	13

Notes - 2011

The data source is Vital Statistics.

Narrative:

FSM is not eligible for medicaid so we cannot compare therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2009	payment source from birth certificate	0	34.7	34.7

Narrative:

FSM is not eligible for medicaid so we cannot compare therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2009	payment source from birth certificate	0	59.6	59.6

Narrative:

FSM may switch to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04 starting beginning in 2011. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Given the geographic make of the FSM and economic disadvantage of the people, transportation from the remote communities and Neighboring (outer) Islands has always been a challenge. Lack of transportation by boat or not having money to pay for taxi fares are obstacles to coming in for scheduled prenatal care or appointments at the main clinic. This proves to be the main reason for FSM to continue to score low on this performance measure. In 2009 FSM however showed some improvements. The data showed that overall, FSM improved to 59.6% in 2009 from 48% in 2008. As a matter of fact, all states reported improvements in 2009.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2009	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Infants (0 to 1)	2009	100

Narrative:

FSM is not eligible for medicaid and SCHIP so we cannot compare therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Medicaid Children (Age range 1 to 4) (Age range 5 to 14) (Age range 15 to 19)	2009	100 100 100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Medicaid Children (Age range 1 to 4) (Age range 5 to 14) (Age range 15 to 19)	2009	100 100 100

Narrative:

FSM is not eligible for medicaid and SCHIP therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2009	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women	2009	100

Narrative:

FSM is not eligible for medicaid and SCHIP therefore this Indicator is not applicable to FSM.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	2	No

Notes - 2011**Narrative:**

The FSM MCH Program has some access to Policy and Program relevant information however we lack the electronic database to analyze the data.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No

FSM Tobacco Survey	3	No
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Notes - 2011

Narrative:

FSM Tobacco Program conducted a FSM-wide tobacco survey in 2007. No tobacco survey was conducted recently. The survey has been completed and results are available. The FSM MCH Program can obtain information on use of tobacco products when the need arise. None of the State MCH Programs reported doing any Youth Risk Behavior Survey during this period.

IV. Priorities, Performance and Program Activities

A. Background and Overview

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap. Based on the 2011 population projection of the 2000 Census, the total population of the FSM stood at 107,851 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 8,369 residents (7.8% of FSM total); the next largest population is in the State of Yap with 11,836 persons (11% of FSM total); Pohnpei state has a total population of 34,590 (32.2% of FSM total); and the largest population is in the State of Chuuk with 52,786 residents (49.1% of FSM total). Of this total population of 107,581, there are 23,247 women of child-bearing years of 15-44, which is 21.6% of the total population. Of this total population of child-bearing age women, there are 3,297 women between the ages of 15-17 years. The population structure continues to show that 49,740 (46.2%) of the residents - about half of the population are under the age of 20 and the children under five-year old stood at 13,262 or 12.3% of the population. The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef. The islands of the Chuuk Lagoon include:

Northern Namoneas -14,722

Weno (Moen)

Fono Southern Nemoneas -11,694

Tonoas Totiw

Fefan Tsis

Parem Uman Faichuk -14,049

Tol (Tol, Polle, Patta)

Eot Romanum

Fanapanges Udot

There are three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.

The Mortlocks (Nomoi) Islands - 6,911 population

Upper Mortlocks - Nama and Losap Islands

Mid-Mortlocks - Namoluk, Etal, Satowan atoll

Lower Mortlocks - Lukunor, Southeast Satawan

The Hall (Pafeng) Islands and Western Islands (Oksoritod) - 6,219 population

Houk Murillo Onouo Fananu

Polowat Onoun Unanu Ruu

Pollap Makur Piherarh East Fayu Island (uninhabited)

Tamatam Nomwin

The 2011 projected population of the State of Chuuk based on the 2000 Census was 52,706 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,847), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 52,706 total residents

54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the youngest population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state. Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the islands coupled with the fact that there is no transportation system that allows access to these islands. The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. The inner part of the island is characterized by high steep rugged mountain peaks, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae Stae Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, Bank of FSM, Bank of Guam, FSM Development Bank, two restaurants and four hotels. The 2011 projected population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,457 people reside in Tafunsak, 2,591 persons in Lelu, 1,571 in Malem, and 1,067 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a land mass of 129 square miles, and is the largest island.

B. State Priorities

DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women in 2009 shows 34.7% of the women received early prenatal care, a decrease from 40.4% 2008. The total live births for FSM in 2005 was 2,157. Of this, 239 or 11% were low birth weight live births and 17 or 0.8% were very low birth weight live births. The data showed that FSM was able to reduce the percentage of low birth weights and stabilized the percent of very low birth weight births. The data also reflected a relatively good educational program on nutrition for pregnant mothers in the FSM, which contributed to the decrease in the percent of pregnant women screened with anemia to 26.6 in 2009 from 42.8 in 2008. The neonatal mortality rate was reduced in 2009 to 9.3 from 13.7 in 2008 and infant mortality was also reduced to 13 in 2009 from 17 in 2008. Although the adequacy of prenatal care as measured by the Kotelchuck Index may be considered low for the FSM, birth outcomes have improved in 2009 as compared to in 2008. In 2011, FSM will track the following performance measures: (Please refer to the State Negotiated Performance Measures for the Federated States of Micronesia). The assessment of services for pregnant women in 2009 shows 59.6.8% of the women received early prenatal care, an increase from 2008, which was 48.1%. The data also showed that 46/2,265 or 2% of pregnant women were smoking during the last three months of pregnancy. Although this number seems small, all state programs reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of

pregnancy.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	0	80	0	85	87
Annual Indicator	100.0	0.0	0.0	0	0.0
Numerator	1	0	0		0
Denominator	1	1	1		1
Data Source				Newborn Screening Program	Newborn Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	80	80	80	80

Notes - 2009

//2010// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the othe Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2010//

Notes - 2008

//2009// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the othe Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2009//

a. Last Year's Accomplishments

FSM does not have the facility or capability to do blood spot screening. Not applicable to FSM.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Follow-up on discussions with LabTech Laboratories	X			
2.				

3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FSM does not have the facility or capability to do blood spot screening. Not applicable to FSM.
FSM is discussing with LabTech, a clinical laboratory in Guam if they could provide the service for the FSM. The LabTech is showing interest and FSM has yet to follow up on the discussions.

c. Plan for the Coming Year

FSM does not have the facility or capability to do blood spot screening. However, FSM Plans to follow up on our discussions with LabTech to provide this service for FSM. Not applicable to FSM.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	3018					
Reporting Year:	2009					
Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)		0.0				
Congenital Hypothyroidism (Classical)		0.0				
Galactosemia (Classical)		0.0				
Sickle Cell Disease		0.0				
Newborn Hearing Screening	2157	71.5	1006	0	0	

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	20	80	80	85	95
Annual Indicator	100.0	76.4	100.0	92.5	48.3
Numerator	1	146	1	1159	914
Denominator	1	191	1	1253	1892
Data Source				Public Health Records	Public Health Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	100	100

Notes - 2009

//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provide to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6months to a year then the care plans are reevaluated to see if the parents satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

Notes - 2008

//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provide to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6months to a year then the care plans are reevaluated to see if the parents satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

Notes - 2007

FSM did not conduct a CSHCN Survey in 2007. Numbers are dummies so ignore.

a. Last Year's Accomplishments

The FSM MCH program did not conduct any Survey last year however as part of this year's Needs Assessment exercise the program staff was able to do semi-focus group sessions with our stakeholders. All parents attended the sessions indicated that they were involved in the evaluation, planning and decision making in the IEP and the IFSP of their children with special needs and most indicated that they were satisfied with the services that their children receive. Some of the activities that the State MCH Programs did last year include child-find, outreach to the outer islands, translated information and education materials on CSHCN into local languages.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase number of Child Find Activities and screen for CSHCN.	X		X	
2. Increase number of outreach services to the remote islands		X	X	
3. Develop & translate IEC materials on CSHCN services to local languages				X
4. Empower Families /Parents on Rights and Responsibilities	X			X
5. Increase development of IFSPs/IEPs	X			
6. Ensure membership of Parents/consumer on CIAAC or Special Education Advisory Board	X			X
7. Hire a consultant to develop a user friendly CSHCN Survey	X	X		X
8.				
9.				
10.				

b. Current Activities

The MCH and Special Education Programs work together to find, screen, and provide interventions services for children with special health care needs in the FSM. Parent networks and inter-agency councils are formed at state level to ensure comprehensiveness of services. The State MCH programs are working with Special Education and Early Childhood programs and parents to develop IFSPs and IEPs for parents and children, training parents and families, and doing outreach activities.

c. Plan for the Coming Year

The FSM MCH Program plans to develop and conduct a Survey that is easier than the FSM SLAIT type CSHCN Survey. The FSM SLAIT type Survey is too long, complicated and difficult to analyze. FSM plans to request technical assistance to develop a user friendly survey that will help the State MCH program staff understand if parents feel that they are involved in decision making and are satisfied with the services their children receive.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	60	70	70	70	85
Annual Indicator	0.0	76.9	0.0	81.2	79.2
Numerator	0	40	0	1017	991
Denominator	1	52	1	1253	1251
Data Source				Public Health Record	Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	85	90	90	90	95

Notes - 2009

//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

Notes - 2008

//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

a. Last Year's Accomplishments

In the FSM, every Children with special Needs have access to medical services and those that are home bound are serviced by the RSAs, Special Education Nurse and CSHCN nurse. 100% of all the children registered in FSM State's CSHN Programs have access to medical services. FSM does not have facilities to accommodate children with special needs; they stayed home with the parents. In the absence of a survey, the IFSPs and IEPs interviews were used to help the program staff understand how parents about the coordination, ongoing, and comprehensiveness of services their children receive.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide quality Public Awareness on CSHCN	X			
2. Secure alternate physician to see the CSHCN in the absence of CSHCN physician.			X	
3. Develop IEC materials on services of CSHCN				X
4. Provide appointments for follow up				X
5. Improve Information and Referral programs		X		
6. Hire a consultant to develop a user friendly CSHCN Survey	X	X		X
7.				
8.				
9.				
10.				

b. Current Activities

The State MCH programs provide public awareness on children with special health care needs; develop IEC materials on services for children with special health care needs; doing appointments for follow up; working to improve the special needs service tracking form; providing service to the children with special needs that are home-bound; working to improve information and referral programs; screened and referred children for evaluation if a problem is identified; ensure timely referral for appropriate services of those diagnosed with conditions.

c. Plan for the Coming Year

The FSM MCH Program plans to develop and conduct a Survey that is easier than the FSM SLAIT type CSHCN Survey. The FSM SLAIT type Survey is too long, complicated and difficult to

analyze. FSM plans to request technical assistance to develop a user friendly survey that will help the State MCH program staff understand if parents feel that services they provide are coordinated, ongoing and comprehensive.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	22	25	30	60	70
Annual Indicator	0.0	36.1	0.0	67.0	67.0
Numerator	0	109	0	839	839
Denominator	1	302	1	1253	1253
Data Source				Public Health Record	Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	85	90	90

Notes - 2009

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurance may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of Insurance in their community outreach activities. //2010//

Notes - 2008

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurance may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are

collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of Insurance in their community outreach activities. //2010//

a. Last Year's Accomplishments

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Improve data collections or registry				X
2. Work collaboratively with the insurance programs and identify all families with insurance.	X			X
3. Work collaboratively with the insurance programs and identify all families with insurance.		X		
4. Hire a consultant to develop a user friendly CSHCN Survey	X	X		X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The National MCH Program and the State MCH Programs are working closely with the State Insurance Programs and MICARE, only government owned Insurance Company in the FSM, for more accurate data. Information on Insurance for children with special health care needs are obtained from parents during initial visits or follow-up visits.

c. Plan for the Coming Year

FSM plans to request technical assistance to develop a user friendly survey that will help the State MCH program staff understand better information relating to children with special health care needs.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	40	60	85
Annual Indicator	0.0	34.8	0.0	82.7	56.6
Numerator	0	108	0	1036	708
Denominator	1	310	1	1253	1251
Data Source				Public Health Record	Public Health Record

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	95	95	95

Notes - 2009

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

Notes - 2008

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

a. Last Year's Accomplishments

The State MCH Programs used the IFSPs and IEPs interviews to learn if parents feel that community-based services are organized so they can use them easily. Information was also received during child-find, during RSAs field visit, and MCH program outreach visits.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue doing Child Find		X	X	
2. Training of more RSA to go out to the field				X
3. Improve and Expand Outreach programs to the remote	X			X
4. Increase awareness on importance of CSHCN/SpEd programs.			X	
5. Hire a consultant to develop a user friendly CSHCN Survey	X	X		X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH and Special Education programs are increasing awareness on the importance of the services that they provide and are working with the private hospitals and physicians and other state agencies so services can be coordinated.

c. Plan for the Coming Year

FSM plans to request technical assistance to develop a user friendly survey that will help the State MCH program staffs understand better if parents feel that the services that their children receive are coordinated.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	20	25	30	60	70
Annual Indicator	0.0	66.7	0.0	69.5	8.4
Numerator	0	132	0	871	294
Denominator	1	198	1	1253	3493
Data Source				Public Health Record	Public High School
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	75	80	85	90	90

Notes - 2009

//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

Notes - 2008

//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

a. Last Year's Accomplishments

The State MCH Programs collected data for this performance measure from the Special Education -- transition program at the public high schools in the four FSM States. There is no other agency in any of the FSM States that provide services for youths having special conditions so they can transition to all aspects of life.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue working with Special Education on transition		X	X	

planning				
2. Continue working with the High Schools to support activities for transition students.	X		X	
3. Work with Special Education to improve the data collection system				X
4. Using the data collected for decision making		X		X
5. Hire a consultant to develop a user friendly CSHCN Survey	X	X		X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The State MCH programs are working with the State Special Education programs to improve the reporting system so accurate data can be recorded and reported on a timely manner.

c. Plan for the Coming Year

FSM plans to request technical assistance to develop a user friendly survey that will help the State MCH program staffs understand better services for children and youths with special health care needs.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	50	60	70	80	90
Annual Indicator	82.5	60.0	68.8	63.4	67.8
Numerator	2486	1751	1860	1616	1537
Denominator	3015	2917	2703	2548	2268
Data Source				Immunization data/Census	Immunization Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	100	100	100

a. Last Year's Accomplishments

Overall, the Immunization coverage for children through age 2 was improved in the past year. Although, there were variations by state coverage, the percentage was so small that it may have no statistical significance. As an entity, the percent of children through age two who have completed immunization increased to 67.8% in 2009 from 63.4% in 2008. Coverage by State is

as follows: In Chuuk State, the percent of 2-year olds who completed immunization increased to 66% from 58% in 2008; an increase of 8%. The increase was due to increased outreach activities to the outer islands as well as the lagoon islands, increased number of children to be vaccinated, development of IEC materials on important of immunization, ensuring availability of Vaccines in the Clinic, and staff zoning to different region with incentives. In Kosrae State, although the annual coverage of immunization for 2-year olds fluctuated over the years, and the data is showing a slight decreased to 97% in 2009 from 100% coverage in 2008, when doing a 3-year running average, it shows that complete immunization of 2-year olds in Kosrae State is improving, or if you will, is on a up-ward trend. At the end of 2008, Kosrae State purchased a Van (similar to a motor home) customized into a Mobile Clinic. The Mobile Clinic is manned by a physician and selected nurses from the various program at Public Health. The mobile team visited the villages every month to vaccinate the ones that missed their shots and do counseling and education to the care takers. In Pohnpei State, the immunization coverage had been slightly decreased by 1.4% between 2005 and 2006. It continued to decrease from 80% in 2007 to 53.7% in 2008. For the year 2009, the percent increases to 58%. Although Pohnpei recorded an increase in 2009, when doing a 3-year running average, the data showed that complete immunization of children through age was actually declining. This drop may be due to a change in reporting of complete immunization requirement --HIB child has to receive 3 shot to be considered as complete. Although Yap State is showing a decrease to 84% in 2009 from 97% in 2008, when doing a 3-year running average is shows that Yap State is showing improvement on this performance measure. However, it indicated there is still need for improvement. There is very close collaboration between all the Public Health Programs- sharing resources is the key. And this is possible with mutual respect and kindness amongst staff and management.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase number of children to be vaccinated	X			
2. Increase number of outreach services to the remote islands			X	
3. Develop IEC materials on important of immunization				X
4. Ensure the availability of Vaccines in the Clinic	X			
5. Staff Zoning to different region with incentives		X		
6. Continue to provide immunization during well baby clinics	X			
7. Continue to collaborate with other govt agencies to enable PH staff to provide immunization and other health services to neighboring islands.		X	X	
8.				
9.				
10.				

b. Current Activities

In the FSM, the State MCH programs are working with the Immunization Programs to assure that all children in the target population are immunized. Specific activities by state are as follows: In Chuuk, the MCH Program is working with the Immunization Program in doing outreach; to increase number of visits to the lagoon islands. The National Immunization Program chartered the Patrol Boat for Public Health Staff to use to visits the outer islands. Some of the Health Assistants in the lagoon islands are vaccinating the children in their community which add to the increase. In Kosrae State, monthly visit to the communities and training of nurses on new vaccines so they can vaccinate the children and record the shots is another ongoing activity. In Pohnpei State, Health Education in the communities on the importance of immunization is on-going. There is an increase in the out-reach clinic schedules to track noncompliance clients on a daily basis. Walk-in immunization at the main clinic at public health is also on-going. In Yap Immunization is on-going during Well Baby Clinics. Immunization for walk-ins in the mornings;

WBC in the afternoons every week. MCH, Immunization, and Public Health staffs are providing immunization in the Neighboring Islands. Three (3) Public Health staffs are in the Outer Islands giving vaccinations. There were 77 2yrs old that received H1N1 vaccine during the campaign.

c. Plan for the Coming Year

FSM plans to build on the good practices in order to reinforce activities that contribute to the increased coverage. In Chuuk, the Program objective for this indicator is to increase the percent of children vaccinated by 15%. Public Health Division is planning to continue to collaborate with the Dispensary Office to ensure that the Health Assistants in lagoon and Outer Islands to vaccinate the children in their community. This approach will increase the coverage of the two year olds who will complete their immunization. Immunization is one of the Programs at Public Health that merge with the Dispensary Division in the consolidated strategies and services. MCH and Immunization will ensure that supplies and vaccines will be provided to the Health Assistants to update each child vaccine according to the schedule. Kosrae State plans to continue with the on-going activities already in place. They plan on doing more awareness on new vaccines and continue working together or collaborating with the other public health programs. Another plan is to renovate and man the dispensaries in each municipality so they can provide daily services to the people instead of the monthly visits. Pohnpei State plans to increase the awareness on the importance of immunizing children. The MCH program plans to increase the immunization coverage by providing daily immunizations at the walk-in clinics at the Primary Health, OPD and the private clinics on the island. The Pohnpei MCH program also plans to continue doing outreach in the communities and to tract the incomplete list provided by the CASA program. Yap State plans to improve its vaccination coverage by 10% in the coming year. To achieve this target, they plan to continue providing immunization during well baby clinics, improve coordination of children's immunization with the four (4) Community Health Centers (CHCs), continue to collaborate with other government agencies to enable Public Health staff to provide immunization and other health services to neighboring islands.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	40	50	50	40	40
Annual Indicator	15.0	17.2	21.1	15.4	21.6
Numerator	123	98	109	76	106
Denominator	8211	5711	5170	4951	4915
Data Source				Birth Certificate/Census Data	Birth Certificate/Census Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or				Provisional	Provisional

Final?					
	2010	2011	2012	2013	2014
Annual Performance Objective	30	30	20	20	18

a. Last Year's Accomplishments

This measure has always been a problematic one for the FSM. Although, the FSM MCH Programs have done so much in this area the rate was increased to 21.6/1000 in 2009 from 15.4/1000 in 2008. The island culture of allowing teenagers to get married at an early age may have contributed to the slight increase. Below are the State programs specific rates and some activities that were implemented last year. During the past year, the Chuuk MCH Program was actively and closely working with the Title X Family Panning Program, HIV/AIDS program, and the United Nations Fund for Population Activities (UNFPA) Reproductive Health Project, in an apparent attempt to reduce teenage pregnancy. Contraceptives were provided to teenagers, College Of Micronesia (COM-Chuuk Campus) Peer Educators provided counseling sessions to discourage youths from engaging in sexual activities, IEC materials on prevention of Teen Pregnancy were developed, the Abstinence project increased awareness on the advantages of postponing sexual intercourse until marriage as a method to prevent teenage pregnancy, and the Youth Center expanded its schedule to include evening sessions. Despite all the efforts made, the Teenage pregnancy birth rate increased to 14 in 2009 from 5 in 2008. In Kosrae State, the rate of teenage pregnancy increased to 7/1000 in 2009 from 0/1000 in 2008. Despite the increase, in assessing Kosrae State's performance for the past project cycle, it shows that teenage pregnancy in Kosrae State is actually decreasing. Activities that contributed to the positive achievement included awareness workshops for parents where they were educated about economic, social, and health problems associated with teenage pregnancy. In addition, several workshops for young people, both males and females, were held throughout the year emphasizing human values and self-esteem. The topic of teenage pregnancy is rarely discussed in the schools. However, last year the Public Health team was able to conduct health education and awareness workshop at the only high school in Kosrae State for high school students especially high school girls. One-on-one counseling and education at the central clinic is held every day. In Pohnpei State, the teenage birth rate continued to decrease from 50/1000 in 2005 to 43.5/1000 in 2006 and then down to 30/1000 in year 2007 but increased to 44/1000 in 2008 and again decreased to 43/1000 in 2009. The three year running average was 39.2 per 1000. Some of the problems that Pohnpei State faced in tracking this performance measure included the fact that girls at the age of 16 can be legally married, the adolescent Multi Purpose Center is not really accessible and with very limited space, out-of-school youths did not have access to the clinic at the three Public High school, and clinic hours were not youth friendly. In Yap State, the rate of birth for teenagers increased to 36.6/1,000 in 2009 from 36.3/1,000 in 2008. Although, the increase is statistically insignificant, it is worthy to note that when a 3-year running average was calculated, it showed that each year, since 2005, Yap State's rate of birth for teenagers was actually declining each year by 1. Activities that contributed to the positive achievement included promotion of sports competition organized by the Yap Youth Office, drug-free musical concerts organized by the Community Health Centers (CGCs), as well as the annual SOS Camp sponsored by the US Peace Corps Volunteers (PCVs). The collaboration between the Substance Abuse and Mental Health and MCH Programs during the MCH Annual School Health Program where a SAMH program staff provided counseling to upper graders, was another activity that contributed to the positive achievement. The Family Planning, STI, and MCH programs increased outlets for condom distribution.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide Contraceptive Methods to the Teenagers	X			

2. Work with COM Peer Educators in counseling skills for discouraging youths in engaging in sexual activities.			X	
3. Develop IEC materials on prevention of Teen Pregnancy				X
4. Continue to work with the Abstinence project to increase awareness of Teenage pregnancy prevention.			X	
5. Continue collaborating with Youth Center on Teen Issues		X		
6. Work with the High School on health curriculum to include adolescent's health/reproductive health in curriculum				X
7. Purchase 500 teens pamphlets promoting abstinence and distributing to 5th-8th graders			X	X
8.				
9.				
10.				

b. Current Activities

Activities targeting teenagers are on-going in the FSM. In Chuuk, the MCH Program, HIV/AIDS, and Adolescents Wellness Center, are providing health services to the youths in the communities. The Chuuk Women Advisory Council (CWAC) speaks about Abstinence in the communities and physical changes of teenagers in elementary schools. A Youth Center funded by UNFPA is working with the youths in the communities and another at the Public High School is working with in-school youths. In Kosrae, community education and counseling on teenage pregnancy, human value and self-esteem are on-going. The public health team continues with the in-school campaign and in-clinic education and counseling. In Pohnpei, Peer educator(s) are doing awareness (peer to peer) education and counseling. The multipurpose center provides services to youths every day. The MCH program develops and disseminates pamphlets on importance of delaying pregnancy. In Yap, the MCH program provided over 500 Teen pamphlets to upper primary grades during school health screening. MCH and SAMHP worked with SOS Summer Camp organizers to include discussions on advantages of delaying sex, and importance of staying in school. MCH promotes contraceptive availability at other sites beside Public Health, CHCs and dispensaries. MCH and SAMH are doing anti-alcohol consumption campaign during women's and men's health week. MCH, FP, and STI-HIV AIDS participated in COM's Career Day and Health Fair.

c. Plan for the Coming Year

The FSM MCH Program plans to work with government organizations, NGOs, and community groups, especially cultural leaders to reduce teen marriage, hence teen pregnancy. In Chuuk State, the MCH Program plans to reach out to the youths in the communities on issues of Teen Pregnancy and risk behaviors. There will be collaboration with the UNFPA Reproductive Health Project in addressing reproductive health issues relating to youths. Condoms will be provided at Youth Clinics and awareness on teenage pregnancy. The MCH Program will work with the COM nurse to educate students and provide contraceptives. MCH Program will collaborate with NGOs in Chuuk to address issues of Teenage pregnancy in the schools and communities. Kosrae plans to work with law makers to pass laws mandating age of marriage and also work with the courts and State Attorney General's Office to ensure that the culture does not interfere with penalties for offenders. In addition, Kosrae plans to conduct community workshops targeting the male population to sensitize them about teenage pregnancy. Kosrae also plans to work with parents, community leaders, and Schools Parents, Teachers Association (PTA) Officers to conduct mass education campaign in the schools and throughout the communities as part of their efforts to increase outreach activities. Another plan of Kosrae is to organize sports activities for both sexes. Pohnpei plans to maintain the current activities and develop dramas and plays on issues of teenage pregnancy, nutrition and health for the peer educators to perform in the schools and communities. They also plan to do radio spots. Yap plans to decrease teen pregnancy by 10% next year. The MCH Program plans to provide Contraceptive Methods, work with SOS Summer Camp and Peer Educators to counsel youths to prevent unprotected sex and delaying sexual

activities. They plan is to purchase 500 teen pamphlets promoting abstinence and distribute to 5th-8th graders. Yap plans to work with High Schools to include health issues in the school curriculum. Another plan is to distribute pamphlets to youths. Yap plans to Support church groups develop radio program relating to youths.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	65	70	75	75	75
Annual Indicator	40.7	37.6	64.4	39.7	56.2
Numerator	825	1185	1479	857	1391
Denominator	2029	3149	2296	2157	2473
Data Source				Dental Program/Dept. of Education Data	Dental Program/Dept. of Education
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	80	90	90	90

a. Last Year's Accomplishments

As a result of good collaboration between the State MCH Programs and Dental Health Programs, enough supplies were available, which contributed to the increased coverage for protective sealants last year. Although, two of the States' coverage were low, FSM was able to show an upward trend in a larger picture. Chuuk State's achievement for this performance measure this year (2009) slightly increased by a .2% mark from what it was last year (2008), at 25%. This is a decrease of about 33% from 2007. The main problem in implementing activities to achieve favorable outcomes for this performance measure is the continuing problem with Electricity or Power Problem in Chuuk State. Dental Staff were not able to provide the services for the students because they need electricity for their equipments to do the sealants. Another problem was that the MCH Program ran out of protective sealants. In Kosrae State, the percent of 3rd graders who received protective sealants decreased to 94% in 2009 from 96% in 2008; a decrease of 2%. Even though, the coverage was decreased in 2009 and the percent of students who received protective sealants fluctuates between 2005 and 2009, when doing a 3-year running average, the data showed that Kosrae State's protective sealant program is improving or moving in an up-ward trend. Activities that led to the up-ward trend included on-going dental services at the dental division on a daily basis, regular visit to the primary schools and application of protective sealants to all the grades starting from the third grade up to 9th grade, and the dental team visits the communities every Mondays of each month. In Pohnpei State, the percent of third graders that have received protective sealant on at least one permanent molar tooth was 100% in 2005 and 2006, due to more school visits. But in year 2007, only 3 of the biggest schools were visited and 330 third graders were examined and 292 (88.4%) received protective sealant.

In year 2008, the percent decreased to 38.4% because the program only recorded and reported the number of students who received sealant during the reporting period; those receiving protective sealants were not recorded and reported. For year 2009, the percent increased to 91% - as advised by the MCH Federal staff during the grant review last year, to include those that received protective sealant on at least one molar tooth once prior to becoming third. In Yap State, the percent of 3rd graders who received protective sealants was reduced to 12% in 2009 from 17.6% in 2008. The MCH Program reported that they were unable to receive the data from the Outer Islands, in time, so the report was submitted without the Outer Island data. The data reported only covers the main island of Yap. In an attempt to improve data collection in Yap, a new data spreadsheet was created by the neighboring islands supervisor and Public Health program coordinators detailing all data elements that are required to be collected and reported. The CHC dental nurse provide protective sealants to grades 1 to 6 on main island of Yap while the MCH dental nurses provide the same services to grades 1 to 8 in the Neighboring islands.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Staff to increase number of schools to visits	X			
2. MCH Program to ensure continuation of budget support		X		
3. Dental Staff to continue ordering sealants supplies		X		
4. Dental nurses (MCH/CHC) continue providing dental services to preschoolers, infants at WBC and at schools	X			
5. MCH to initiate dental hygiene in 1st , 2nd and 3rd graders morning routine by purchasing tooth paste and brushes	X	X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program continues to build on the good collaboration with the State Dental Health Programs to guarantee adequacy of supplies and continuity of the schedule of activities. In Chuuk State, the MCH Program and Dental Division are working together to ensure that students continue to receive protective sealants. The Dental Staff are increasing the number of school visits; visiting more schools and the MCH Program is working with the national MCH Program and Chuuk Hospital to ensure continuation of budget to support the Dental Division to continue ordering protective sealants. In Kosrae, the MCH and Dental team continues to carry-out the activities that they were doing during the previous year. In Pohnpei, the MCH program is strengthening the School Health Program in the Elementary Schools by visiting the schools twice a week. The MCH and dental staffs are continuing with the regular dental visits to the schools, the MCH program continues with the regular monitoring of dental supplies, working at improving dental health among pre-school children (Initiate and or enhance dental education, tooth fluoride varnishing at the well-baby clinic by Dental staff(s), providing Dental Education to the Communities and providing Dental Services at the Dispensaries. In Yap, the MCH and CHC dental nurses continue to provide fluoride services to preschoolers and all children through Well Baby weekly Clinics as well as at all 4 CHCs.

c. Plan for the Coming Year

The FSM MCH Program plans to contribute more money and assist in the procurement of sealants to guarantee continued increase in coverage. The Chuuk MCH Program plans to work

with the National MCH Program so they can work collaboratively with the Chuuk Dental Division to continue supporting the protective sealant program financially. Weno is the Center for Chuuk State and the only place that have electricity. With continuing power outages, the MCH program plans to work closely with the Chuuk Utilities Corporation so they can be informed, ahead of time, about scheduled power outages so they can rectify their schedule and visit the schools when the power is on. Since there is no electricity in the Lagoon and Outer Islands of Chuuk, the rest of the students in the lagoon islands and the outer islands do not receive this service. The Dental Division plans to work with the Director of Health Services to purchase one portable generator so dental sealants can also be provided to the students at the schools in the Lagoon and Outer Islands. Kosrae State plans to upgrade all the dental equipments in the coming year. They plan to continue doing the same activities but increase more awareness on the importance of taking of care of the baby's teeth or each child's teeth. They also plan to take advantage of the Mobile Clinic to boost outreach visits. Pohnpei State plans on maintaining its activities as well as increase the number of third graders visits in schools. Pohnpei also plans to continue to improve dental health among pre-school and school children. Yap State plans to increase the percent of MCH population receiving preventive oral care by 10% in the coming year. To achieve this objective, the MCH Program plans to continue collaborating with the Department of Education, Dental Division and CHC to pursue aggressive preventive dental services to school children in Yap State by providing tooth pastes, tooth brushes for daily use at school as part of their morning routine. Another plan is for the MCH Program to initiate dental hygiene in the 1st, 2nd and 3rd graders morning routines by purchasing tooth pastes and brushes, the MCH Program to continue purchasing dental sealant and fluoride supplies, Dental nurses, MCH nurses, and CHC nurses to continue providing dental services to preschoolers, infants at WBC and at the schools.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	7.5	7.5	7	6	5
Annual Indicator	16.2	0.0	0.0	5.1	0.0
Numerator	7	0	0	2	0
Denominator	43172	40809	40339	39066	40233
Data Source				Vital Statistics/Census Data	Vital Statistics/Census data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance	4	3	1	1	0

Objective					
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a. Last Year's Accomplishments

During this reporting period, the FSM MCH Program reported "0" for children 14 years and younger died due to motor vehicle crashes. The individual State reports are as follows: Chuuk State reported "0" or no deaths in this age group caused by motor vehicle. Kosrae State reported "0" or no death in this age group caused by motor vehicles. As a matter of fact, Kosrae state had reported "0" or no deaths since 2005. Activities that may have contributed to this outcome included on-going Traffic safety training for drivers and pedestrians, on-going DUI spot checks every week-end and on special occasions, and the fact that driver licenses are only issued to those who passed the driving test (road test) and are 17 year old and older. In Pohnpei State, there was no death of children aged 14 years and younger caused by motor vehicle crashes in year 2006 and 2007, but in year 2008 the rate increased from 0 per 100,000 to 15 per 100,000. For year 2009, the rate dropped down again to 0 per 100,000. The decrease in the rate may be due to the Public safety doing DUI spot checks in designated areas or spots. Also doing school visits educating students on road safety and instructions on Duty of a driver while carrying children to first time licenses. Yap State reported "0" or no death for this age group caused by motor vehicle.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Support and collaborate with Public Safety in efforts to monitor drunk driving on public roads		X	X	
2. Continue collaborative work with SAMHP in addressing alcohol issues in schools during School Health Annual Screening	X			
3. Actively support church-based youth activities promoting virtues and spiritual health – expand the number of participants			X	
4. Work with youth group to actively speak out on radio addressing disadvantages of alcohol consumption		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is working closely with the department of Public Safety to continue to enforce safe driving laws. The FSM MCH Program is also working closely with the Substance Abuse and Mental Health Program to continue with counseling programs on drinking and driving. This performance is not a big problem for Chuuk State since motor vehicle fatalities are not common. In Kosrae, last year's activities are replicated and are on-going this year. In Pohnpei, the MCH program is working with the department of public safety to educate children up to 14 year olds about road Safety and accident Prevention. The MCH program is also working with the SAMH program to continue with education and counseling programs on drinking and driving. Yap State continues its collaborative efforts with COM, Youth Services, SAMHP and SOS Camp Organizers in educating the youths about alcohol use, and other health issues affecting them. There is also a church-based youth program educating youths on virtues and spiritual health by Baha'i youths on main island- Yap.

c. Plan for the Coming Year

The Plan is to continue to collaborate with the other state agencies/programs and provide financial support to developing education and counseling materials. Chuuk State plans to continue monitoring this performance. Kosrae State plans to continue working with public safety to ensure continued enforcement of traffic laws to maintain the rate at zero. For Pohnpei, the MCH program plans to continue working closely with Public Safety and Substance Abuse and Mental Health (SAMH) doing education on safe driving. The department of Public Safety plans to review current driver license requirements for people with disabilities, to conduct research into the use of breath taking device and speech detection, DUI spot checks conducted in the designated areas in the state center and communities, and to conduct workshop with the targeted communities to identify problem relating to social and health issues. The department of public safety plans to visits to elementary schools to educate students relating to road safety, reinforcing Instruction on "The duty of a driver while carrying children" always given to first time licensees, and also visits to the elementary schools to educate students on sexual violence and how to prevent it. The MCH program plans to collaborate with the SAMHP program to conduct presentations with Aramas Kapw Program on the use of drugs and collect data on the juvenile arrests and the causes to determine the strategic activities to address such root problem. The plan for Yap State is to continue maintaining this number ("0") by actively collaborating with COM, Youth Services, SAMH and SOS Camp Organizers in providing youth related activities so that it is consistent. Yap also plans to support and collaborate with Public Safety in efforts to monitor drunk driving on public roads, continue collaborative work with the SAMH Program in addressing alcohol issues in schools during School Health Annual Screening, actively support church-based youth activities promoting virtues and spiritual health -- expand the number of participants, work with youth group to actively speak out on radio addressing disadvantages of alcohol consumption.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		75	80	85	90
Annual Indicator	69.1	73.6	74.9	73.2	73.4
Numerator	1091	1545	1428	1500	1223
Denominator	1579	2098	1907	2048	1666
Data Source				MCH Program Data/Birth Certificate	MCH Program Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	100	100	100

a. Last Year's Accomplishments

There was a slight increase last year of 73.4% compared to 73.2% in 2008. The FSM MCH Programs have organized women groups to support breastfeeding mothers, especially the young and new mothers. Understanding of exclusive breastfeeding may be a problem in the FSM that may have contributed to the modest increase. In Chuuk, the percent of mothers who breastfeed their infants increased from 86% in 2008 to 90% in 2009. Main activities that contributed to this increase included the Chuuk Well Baby Friendly Hospital Initiatives, training of more women in the communities regarding breastfeeding, development of IEC materials on breastfeeding, and increased awareness on importance and benefits of exclusive breastfeeding to the mothers. The MCH Program continued to track this performance and women continue to breastfeed their baby exclusively up to six months old. The Breastfeeding Support group continued to educate women the importance of exclusive breastfeeding up to six months of age. In Kosre, the percent of women who breastfeed their infants at 6 months of age decreased to 66% in 2009 from 73% in 2008. The decrease was due, in part, to the increased number of children adopted and increased number of women attended the workforce. Activities during the past year included counseling of mothers during hospital stay or before hospital discharge, distribution of brochures and leaflets regarding breastfeeding before hospital discharge, follow up at 1 month by the breastfeeding support groups in each municipality, continued monitoring at well baby clinic by the nutritionist and the MCH staffs, continued counseling and education in the communities by the breastfeeding support groups until 6 months of age. Weight monitoring for the breastfeeding infants at 1 month, 2mos, 4mos, and 6mos at the Central Clinic were also carried out by the MCH Program during this reporting period. In Pohnpei, the percent of exclusively breastfed at 6 months was 51% in year 2005 then decreased to 44% in 2006, increased to 49.4% in 2007 and remained around 49 % in 2008 and now increased to 53.4% in 2009. The Pohnpei MCH program experienced various challenges in tracking this performance measure, which include record keeping, man power, mothers do not fully understand what exclusive breastfeeding means (only breast milk nothing else), some mother decided not to breastfeed, while some mothers stopped breastfeeding and introduced formula when they went back to work or school. In Yap, the percent of infants who were breastfed at 6 months of age slightly increased to 52% in 2009 from 51% in 2008. Although this modest increase may not have statistical significance, it is worthy to note that in Yap State, the percent of infants who are breastfed at 6 months of age has been improving quite slowly since 2005. About 33 infants of 6months old out of a total of 63 that came through WBC were exclusively breastfed. The 3year average is above the bench mark of 29%. There is however, big room for improvement. Yap Hospital did adopt the "Baby Friendly Hospital" back in 2007.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Baby Friendly Hospital Initiatives		X	X	
2. Training more women in the community regarding breastfeeding				X
3. Development of IEC materials on breastfeeding				X
4. Increase awareness on importance and benefits of exclusive breastfeeding to the mothers			X	
5. Form community partnership with at least 1 women's group as breastfeeding support group		X		X
6. Two radio spots on the advantages of breastfeeding exclusively for 6months .			X	
7. Baby Friendly Hospital Initiatives-biannual cross-training		X	X	
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is supporting breastfeeding mothers providing education and counseling in the clinics and during outreach. In Chuuk, the MCH Program is supporting Breastfeeding Support Group in the communities who are certified to provide education for the breastfeeding mothers. There is ongoing training and follow-up once a year during breast-feeding month for the 25 women in the different communities. Among the breastfeeding support group women, are Traditional Birth Attendants who are doing home delivery. They were identified and trained at the Hospital on Safe deliveries and neonatal care. In Kosrae, all activities and services provided in the past year are ongoing. In Pohnpei, the MCH program is doing education on what exclusive breastfeeding means during prenatal clinic, postpartum clinic, and well-baby clinic. Education materials are disseminated on advantages and benefits of breastfeeding. In Yap, the MCH staff and Public Health nurses are providing nutrition education during WBCs, with support of YINEC and other government agencies. CHCs in promoting "Go Local" activities. The MCH program recently distributed new Well Baby educational flip charts to all Neighboring Island dispensaries and all 4 Community Health Centers. The Well Baby Educational Flip charts were funded by Australian Embassy grant and distributed to dispensaries in Neighboring islands and 4 community health centers on the main island.

c. Plan for the Coming Year

The plan is for the FSM MCH Program to continue supporting the community breastfeeding support group financially and expanding education and counseling session about the importance of breastfeeding in the clinics and communities. Chuuk State plans to train 10 more women in the communities to become new member of the breastfeeding support group. The MCH Program plans to continue monitoring this performance and to support its activities financially. It is important to increase the number and identify those women who perform well and maybe the Program can give them award or recognition for doing good performance in the communities. Since this performance is successful, the MCH Program will continue to support the Breastfeeding Group and empower them by recognizing their efforts in educating mothers to breastfeed their babies. MCH Program will collaborate with the Chuuk Women Council (CWC) to recruit more women to join the breastfeeding support group. Kosrae State plans to focus mainly on those adopted babies and the working mothers so they can also breastfeed at 6 months of age. The plan is to educate them on expressing breast milk and the disadvantages of bottle feeding. The MCH Program also plans to collaborate with the women groups in the communities to support the working mothers to breastfeed. Another plan is to conduct workshops in the communities regarding the importance and benefits of breastfeeding and the workshops are to include the husbands or men. For Pohnpei, the MCH program plans to develop pamphlets, which clearly defines the meaning of exclusive breastfeeding and carry information on the benefits and advantages of Breastfeeding. They also plan on doing Health education regarding the benefits and advantages of breastfeeding and breastfeeding counseling during prenatal, post partum, and well-baby clinic. The MCH program staffs plan to conduct workshops for the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding in the communities and community based-clinics. Yap State plans to increase its coverage by 1% in the coming year. They plan is to maintain the momentum of improvement by continue increasing the up-ward trend. To achieve this objective, the MCH Program plans to continue providing nutrition counseling at the Well Baby Clinic utilizing new educational flip chart. Other activities aimed at achieving their objective include Baby Friendly Hospital Initiatives-biannual cross-training, utilizing WB educational flip charts in WBCs and field trips to communities, form community partnership with at least 1 women's group as breastfeeding support group, and development of two radio spots on the advantages of breastfeeding exclusively at 6 months.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	80
Annual Indicator	0.0	0.0	0.0	0.0	46.6
Numerator	0	0	0	0	1006
Denominator	1	1	1	1087	2157
Data Source				Birth Certificate/Vital Statistics	Hearing Screening Program/Birth Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	85	90	100	100

Notes - 2009

//2010// FSM started Newborn Hearing Screening in 2008. This is the first year that FSM is providing data on newborn hearing screening before hospital discharge. //2010//

Notes - 2008

Last year FSM applied and received funding from HRSA to conduct Newborn Hearing Screening. This year, the four FSM States are doing Newborn Hearing Screening. Data on Newborn Hearing Screening will be provided next year.

a. Last Year's Accomplishments

In 2008, FSM got funded by HRSA through the Universal Newborn Hearing Screening and Intervention (UNHSI) program to do Newborn Hearing Screening in the four FSM states. Known as the Early Hearing Detection and Intervention (EHDI) Project, FSM was able to purchase hearing screening equipments and train screeners in Chuuk, Kosrae, Pohnpei and Yap States. Newborn Hearing Screening started toward the end of 2008 and the project is still at its infancy stage, nevertheless, we are proud to report on our accomplishments and challenges, current activities and plans for the coming year. Chuuk State reported 45% of newborns were screened for hearing before hospital discharge. This reporting year we are happy to report that the hearing screening for the newborns is in place and the OB nurse and Public Health nurses are trained to do the screening before the babies discharge from the hospital. Kosrae State reported 60% of Newborns were screened for hearing before hospital discharge. The Newborn Hearing Screening project stated last year and this is the first year that we able to report data on this measure. Pohnpei state started Newborn Hearing Screening in 2008 and based on data collected, 49% of Newborns in 2009 had hearing screening before hospital discharge. We hope to report more on our progresses during the subsequent years. Yap State reported that 35% of Newborns were screened before hospital discharge. It is expected that the number will be small as Yap just started this initiative with very few nurses completing the initial screening training. The percentage is expected to be lower than 50% because of the fact that only 3 nurses (1 Clinical nurse, 2 PH nurses) completed the first training on the current OAE machine. The trained clinical nurses used a different machine and are not confident to screen on a different machine. There was a malfunction during December where screening could not be done. However, the positive side is that Clinical Nurse Chief and supervisors now understood and agreed to include hearing screening in the newborn care protocol, and one machine has been placed in the ward. It should

be noted that the number of infants stated herein reflects only on the number of infants recorded since hearing screening started, which was toward the middle of the year.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase number of babies screen before discharge			X	
2. Follow up on the babies who did not passed the first test		X		
3. Development of IEC materials on hearing screening				X
4. Educate parents on importance of hearing screenings .		X	X	
5. To provide monetary incentive to clinical nurse to screen babies at Ward before discharge		X		X
6. Doing radio announcement on EDHI		X	X	
7. Train more PH and Clinical nurses in hearing screening				X
8. Recruit to hire 1 person to assist with EDHI				X
9.				
10.				

b. Current Activities

The Early Hearing Detection and Intervention (EHDI) Project is implemented by OB Nurses, who conduct initial screening and MCH and CSHCN nurses, who carry out the follow-up screenings. The EHDI project is managed by CSHCN Program Coordinator. In Chuuk State, the OB and Public Health nurses are screening newborns before hospital discharge and doing follow up screening for those failed the initial screening. On-going activities include efforts to increase number of babies screened by screening all newborns at least a hour before discharge so parents do not have to wait, follow up on babies who failed the first test for re-testing, develop IEC materials on hearing screening, and educate parents on importance of hearing screenings. In Kosrae, OB and Public Health nurses screen newborns before discharge and do follow up on those who failed initial screening. On-going activities are screening of all newborns at least a hour before discharge, follow up on the babies who failed the first test for re-testing, develop hearing screening IEC materials, and educate parents on importance of hearing screenings . Newborn Hearing Screening is on-going in Pohnpei. A Newborn is screened before discharge. If a child fails the initial screening, s/he returns for follow up screening after two weeks. In Yap, MCH staffs monitor and track babies who missed hearing screening and schedule appointments for screening. They track Newborns who failed the initial screening so they return for follow-up.

c. Plan for the Coming Year

The FSM EHDI Project and MCH Program plan to support the nurses at the OB Ward and Public Health maintain and calibrate screening equipment to ensure that the test results are accurate. The EHDI project plans to purchase computers and set up electronic reporting system so accurate data can be recorded and reported in a timely manner. The EHDI Project and MCH Program plan to work with private hospitals so children born at these hospitals can be screened. The EHDI project plans to hire follow-up coordinators in four FSM States to follow up on late onset and reduce the rate of loss to follow up. In Chuuk, the MCH Program plans to collaborate with OB nurses so all newborn are screened before hospital discharge. They plan to work with the National Government to ensure this project continues and provide support for the babies who need further assessment, treatment and intervention services. Since the Newborn Hearing Screening Project is a new initiative in the Kosrae State, the MCH program plans to conduct more awareness of the hearing screening program in the communities so parents know about the availability of the services. They plan to produce more pamphlets, leaflets, brochures and banners to educate parents and promote the program. They plan to recruit additional staff to

monitor hearing screening. The MCH Program plans to extend screening to communities for those that missed or referred for re-screening. The Pohnpei MCH program plans to work with OB staff, Pediatrician, CSHCN staff, and the Genesis hospital to make sure all Newborns are screened before hospital discharge. The MCH program plans to hire a follow-up coordinator to work with parents and follow up on appointment of children who need follow-up screening. The MCH program plans to update Newborn and CSHCN registries, and to improve follow up or tracking of children who needs rescreening to reduce lost to follow-up. Yap State plans to increase the number of Newborns Screened before hospital discharge by 30% 2011. They plan to create educational pamphlets on hearing screening and give to mothers during prenatal last visits, follow up on babies who failed the first test, and those not screened. Another plan is to provide incentives to a clinical nurse who screens the most number of babies at the Ward before hospital discharge. They plan to use mass media, radio programs or radio announcement informing the public about the availability of hearing screening services at the hospital and public health. There is also a plan to train more Public Health and Clinical nurses to do hearing screening and hire 1 person to assist with the Newborn Hearing Screening Project.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	9	8
Annual Indicator	58.5	91.2	90.6	73.4	59.7
Numerator	30080	46644	46963	38337	31453
Denominator	51383	51166	51824	52215	52700
Data Source				MCH Program Data/Census Data	MCH Data/Census Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	8	7	5	5	5

Notes - 2007

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

a. Last Year's Accomplishments

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy. It is very difficult for the FSM MCH Program to obtain reliable data for this performance. MICARE, a government owned Insurance company in the FSM reported that 5,513 children from 0-14 years old have Insurance. Out of the total, 4,174 were between ages 5-14 and 1,339 were 4 years and younger. However, based on reports received

from the State MCH Programs, 59.7% of children in the FSM are without Insurance. In Chuuk, the percent of children without insurance decreased to 62% in 2009 from 64% in 2008. However, in doing a 3-year running average, it shows that the percentage of children without insurance is increasing. The increase may be the result of the State Reform that resulted in many employees losing their jobs and their children lost their insurance coverage. In Kosrae, the percent of children without insurance increased to 79% in 2009 from 75% in 2008. It should be noted that all medications and medical services were given regardless of whether or not one has insurance. Pohnpei state reported a decrease in children without Insurance at 51% in 2009 from 85% in 2008. This decrease was partly due to parents' realization of ever increasing cost of medicine and the difficulty parents faced regarding off-island medical referral. Without insurance one has very little chance of being referred for medical care over-seas. In Pohnpei, every children from age 18 and under can receive medical services regardless of whether the child has insurance or not. The need for insurance becomes necessary when the main hospital does not have the needed medicines and a patient must buy from the private hospitals and clinics. A patient with insurance buys medicine at the private clinics at a discounted rate of 90%. In Yap, the percent of children without insurance increased to 90% in 2009 from 78% in 2008. The coverage for this performance measure is expected to remain high or even increase in the coming years due to Yap State Government's refusal to pay the employer share for state employees to enroll in the "only" government owned health insurance in the FSM, "Micare Insurance". However, the real accomplishment is the admission of 10 CSHN into the free medical treatment at Shriners Children's Hospital in Honolulu, Hawaii. Out of the 10 children with special health care needs who were admitted into the program, four have been sent and two have already returned home. Meanwhile, Yap State does have a State Medical Referral program supported by State funds however, the referral program has several financial requirements and it is difficult to use the program.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase awareness of the State Leaders to look into other option of how these children will cover by Health Insurance.			X	
2. To ensure that these children without health insurance will be able to have services provided to them	X			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The National and State MCH Programs work with State Insurance Programs and MICARE, only government owned Insurance Company in the FSM, for more accurate data. The State MCH Programs work with parents through clinics and community activities to advocate Insurance for children. There are two existing Health Insurance Plan for Chuuk; the National Health Insurance and Chuuk State Health Insurance and there is a high percentage of children that are not cover by these insurance. All medications and medical services are provided in Kosrae regardless of one's insurance status. In Pohnpei, the MCH program educates and counsels parents regarding the importance of enrolling their children in some form of Insurance program. The education and counseling session are done at the main clinic at public health. The MCH staffs advocate for Insurance during Women's Health Week and outreach activities in the communities. Yap State MCH Program is taking advantage of the free medical services at the Shriners Children's Hospital

in Honolulu by referring their children with Special Health Care Needs for treatment. The MCH Program works in consultation with the hospital administrators, office of special education, and neighboring islands referral program to address referral needs of the CSHCN clients. The Yap MCH Program works hard to rally support from other health programs and state agencies to convince the Yap State Leadership to support state government enrollment in Micare Health Insurance.

c. Plan for the Coming Year

The FSM MCH Program is planning to continue with its efforts to convince more parents to enroll in some form of Insurance so their children can be covered. Neither the FSM Department of Health and Social Affairs nor the National MCH Program have control over the Insurance Programs. All of the four FSM States of Chuuk, Pohnpei, Kosrae and Yap plan to continue working with parents through education and counseling session to make sure more parents get their children insured. This is a on-going challenge for the MCH Program in the FSM. Following are some of the plans that the FSM State MCH Program have for the coming year. The Chuuk MCH Program staff plans to work with the State Leaders to increase their awareness on how these children could be cover by any other Health Insurance. We need to explore the possibility that those children without health insurance will be able to serve and not turn away from the hospital. The MCH Program also plans to work with the Pediatrician so those children needing off-island medical services are referred on the non-insure program. Kosrae State MCH Program plans to continue doing awareness and education for parents regarding the importance of insurance to make them understand that in the near future the government may not be able to absorb all medical expenses. Insurance is especially important for priority consideration for medical referral overseas. For Pohnpei, the MCH program plans to continue advocating the importance of Insurance during the World Population Day and International Women's Day celebrations. The MCH program plans to continue working with other faith-based and recognized community organizations to assist in promoting Insurance among their own organizations and communities. The plan for the Yap MCH program is to continue soliciting support of legislature and other state leaders to assess costs of off-island referrals against employer share or contribution to Micare Insurance. This is a scheme to implant in the minds of the State Leaders that Off-Island referrals are expensive and therefore are not sustainable so they need to support state employees' enrollment in the FSM Health Insurance Plan (Micare Insurance).

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		10	15	30	50
Annual Indicator	100.0	0.0	0.0	12.7	3.3
Numerator	1	0	0	230	80
Denominator	1	1	1	1813	2407
Data Source				Public Health Data	ECE Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	Provisional

	2010	2011	2012	2013	2014
Annual Performance Objective	70	80	90	90	90

Notes - 2008

Not Applicable. FSM is not eligible for the WIC Program.

a. Last Year's Accomplishments

First part of this Performance Measure is not applicable to FSM, since FSM is not eligible for WIC. The second half, however, is applicable since BMI is taken at the well baby clinics. Chuuk State reported "0" or no children between 2 and 5 years old at or above the 85th percentile. Since FSM is not eligible for the WIC Program, Chuuk State opted to track 5 year old attending the Early Childhood Education (ECE) Program. Some activities that were done last year included, screening of ECE children for BMI above 85th percentile, collaborating with the ECE Program to monitor the children BMI, educate parents on importance of collecting data for BMI, and counsel parents on proper nutrition. Kosrae State reported that 2.6% of children between 2-5 years old are at or above the 85th percentile. This is the first year that the Kosrae MCH Program reported data for this indicator. Pohnpei state reported a decrease at 1.5% in 2009 from 2.5% in 2008. Activities that may have contributed to the improvement included the Pohnpei MCH School Health Program, which has been going on for the past several years, in which the MCH program staff visited and screen children at the schools. In Yap, the percent of children 2-5 years old with a BMI at or above the 85th percentile slightly decreased to 13.6% in 2009 from 13.8% in 2008. Activities that may have contributed to the improvement included the Yap MCH School Health Program, which has been going on for the past several years, in which the MCH program staff visited and screen children at the schools. This school health program enabled the MCH staff to find children who are overweight and those at risk of becoming overweight or obese. The percent indicated the need for comprehensive nutrition policy which has been orally communicated to some of the state leaders.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Screen ECE children for BMI above 80th percentile			X	
2. Collaborate with the ECE Program to monitor the children BMI.			X	
3. Educate parents on importance of collecting data for BMI. And counsel parents on proper nutrition		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is working very closely with its State counterparts to actively monitor BMI of 2-5 year old children in the FSM as more children are observed to be obese and in the light of increasing importation of junk food into the FSM. The State MCH Programs are advised to work with parents during Well Baby Clinics and expand activities into the communities and the Pre-School s to accurate document data for this performance measure. The Chuuk MCH Program is continuing to work with ECE program staff and teachers for this performance. Kosrae MCH Program is doing child find survey for the 2-5 year old age group in the communities. They are also doing weight and height measurements during child find and also taking weight and height at

the mobile clinic in each municipality every Mondays of each month. In, Pohnpei, the MCH program staff continues to monitor weight and height of children coming through the Well Baby Clinic weekly and throughout the schools in Pohnpei on a monthly basis. In Yap, the MCH and other Public Health staff concluded screening of all ECEs and primary school children for School Year 2009-2010, and still issuing batch orders and working on reports to principals and Health services leaders. MCH staff is compiling data to educate leaders on health status of school children in Yap State. The program staff continues to monitor weight and height of children coming through the Well Baby Clinic weekly.

c. Plan for the Coming Year

The National MCH Program Plan to contact the State MCH Program Coordinators to continue tracking BMI of 2-5 year olds despite the fact that FSM is not eligible for WIC. The Chuuk MCH Program plans to work closely with ECE and parents to educate on the importance of BMI for the health of the children. The Kosrae MCH Program plans on putting more efforts into the child find survey. In order to accomplish this, they plan on strengthening collaborations with the Special Education program staff. They also plan on producing more brochures and leaflets for distribution to parents and communities so people understand the health factors relating to obesity and underweight. The MCH Program plans to continue monitoring children's BMI at schools, clinics and provide intervention services. Other activities planned for the coming year include, school health screening with ECE students and elementary students starting in November 2011. The plan for Yap State MCH Program in the coming year is to convene a meeting of community members, NGOs, state leaders, and others as necessary to advocate for and seek support of state leaders for the creation of a comprehensive nutrition policy. The MCH Program plans to continue monitoring children's BMI at schools, clinics and provide intervention services. Other activities planned for the coming year include, school health screening with ECE students starting in October 2011 and elementary students starting in November 2011. The MCH Program staff plans to provide the results of the school health screening to parents, and report to appropriate leaders, and the public. The MCH staff also plans to collaborate with ECE program to hold education and awareness workshops with ECE parents to share report on the outcome of the ECE school screening. The MCH staff plans to implement Leadership awareness workshop to meeting with Legislative Committee on Health as the 1st step in establishing a comprehensive nutrition policy. They also plan on forging partnership with the schools with high percentage of overweight children --target them for nutrition education. All of these activities will be carried out with the ultimate goal of reducing the percent of children with BMI at or above the 85th percentile.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		2.5	2.5	2	1.7
Annual Indicator	2.9	0.3	2.0	3.2	2.0
Numerator	71	13	45	70	46
Denominator	2441	4834	2283	2205	2265
Data Source				Public Health Record/Vital Statistics	Public Health Record/Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events					Yes

over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	1.7	1.5	1	1	1

a. Last Year's Accomplishments

FSM reported a decrease to 2% in 2009 from 3.2% in 2008. Although, there is a decrease, it is worth mentioning that out of the four FSM States, three States reported that no pregnant mother was smoking during the last three months of pregnancy. All of the States reported, however, that more pregnant mothers are chewing betel nuts with cigarettes. Chuuk State reported "0" or no women smoking during the last three months of pregnancy. Some of the activities that were carried out during the past year included educating mothers in the clinic about the risk of smoking on the fetus, collaborated with the tobacco program in educating mothers during ANC Clinic and development of IEC materials on health risks of smoking. Kosrae State also reported "0" or no women smoking during the last three months of pregnancy. Some of the activities that were carried out included counseling on tobacco and pregnancy done at first visit and before delivery on a one to one basis and also the MCH program collaborate with the tobacco program and provided education, counseling, and outreach services. In Pohnpei, the percent of pregnant women who smoke decreased to 5.1% in 2009 from 5.9 in 2008. Concern remains that more women are chewing tobacco with betel nut than smoking. During this reporting period, Pohnpei state reported that 16.2% or 131 women are chewing tobacco excluding those that claimed stop when found out that they're pregnant. This is one problem we are tackling with the pregnant mothers. Yap State reported "0" or that no pregnant women were smoking during the last three months of pregnancy. This may be contributed, in part, due to Yap State Legislature's passing of a law banning smoking in public places. Also in Yap State, majority of the pregnant women do not smoke but chew tobacco.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educate mothers in the clinic the risk of smoking on the fetus		X		
2. Collaborate with the tobacco program to educate during ANC Clinic			X	
3. Development of IEC materials on smoking				X
4. Seek funds for development of Antenatal educational flip chart to be used in all clinics		X	X	
5. Collaborate with Tobacco program in providing chewing tobacco cessation to pregnant women –referring women to enroll in tobacco cessation program	X		X	
6. Develop 2 radio spots against tobacco use targeting pregnant women		X		
7. Collaborate with Cancer Program to include tobacco effect on unborn baby in newsletter, its consequences on unborn baby and mother's health		X		
8. . Provide financial support to newsletter to devote 2 pages to MCH program			X	X
9.				
10.				

b. Current Activities

The FSM MCH Program is educating and counseling pregnant mothers on the risks that smoking impose on the unborn fetus, including second-hand smoke. Education and Counseling sessions in the clinics and during outreach are on-going. In Chuuk, the MCH Program works with Mental Health to educate mothers on the effects of smoking, and second hand smoking on the fetus. During prenatal clinic the staff do health education to the mothers. In Kosrae, all the services provided in the past are ongoing. In Pohnpei, once a week, the SAMH staff or MCH staff conducts health education to the First-Visit prenatal clients, regarding the impact of cigarettes smoking and other substances on pregnancy. The MCH program staffs do radio programs and community health education to inform the young parents of the availability of counseling at the SAMH program. The Health Assistants are doing health education to the First- Prenatal visits clients in the outlying clinics, on the effect of cigarettes and other substances on fetus. The MCH program encourages smokers to enroll in the Smoking Cessation Program. In Yap, the MCH and Public Health nurses provide education during Antenatal Clinics, discouraging use of tobacco products while pregnant. MCH program staff work with Tobacco Cessation Program staff to discourage pregnant women from smoking or using tobacco and tobacco product, during the last three months of pregnancy.

c. Plan for the Coming Year

The FSM MCH Program plans to continue educating mothers about the risks on pregnancies associated with smoking. The FSM MCH Program plans to strengthen activities to reduce the number of pregnant mothers who are chewing betel nuts with cigarettes. Education materials will be developed to reinforce information disseminated during workshops. For Chuuk, the plan is to have the MCH Program continue to work with other programs, such as the Substance Abuse and Mental Health to develop and disseminate IEC materials to increase the awareness on risk of smoking on the health of the mothers and the unborn babies. For Kosrae, the plan is to develop more educational materials on tobacco in pregnancy and breastfeeding. Do more survey to measure the knowledge that was given to those pregnant mothers and youth. Conduct workshop on tobacco and pregnancy in all the five municipalities. Encourage the tobacco Laws on broken cigarette package and smoking in public areas. Pohnpei state plans to maintain or continue with the current activities in the coming year. The plan is to increase collaborative efforts with SAMHP in battling the very common use of tobacco products in Yap State. Yap also plans to seek funds for development of Antenatal educational flip chart to be used in all clinics and collaborate with the Tobacco program in providing chewing tobacco cessation to pregnant women --referring women to enroll in the tobacco cessation program. Another plan is to develop 2 radio spots against tobacco use targeting pregnant women. Also, the MCH Program plans to collaborate with the Cancer Program to include the consequences or effects of tobacco use on the unborn baby and the mother's health in newsletters to be distributed throughout Yap State. The MCH Program will provide financial support to the development of the newsletter to devote 2 pages to MCH program.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	25	15	15	3	3
Annual Indicator	17.0	7.4	28.9	0.0	21.5
Numerator	3	1	4	0	3
Denominator	17689	13503	13849	13944	13970

Data Source				Vital Statistics/Census Data	Vital Statistics/Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	1	1	1

a. Last Year's Accomplishments

The FSM MCH Program reported a suicide rate of 21.4 in 2009 compared to "0" in 2008. The big increase was caused by the 2 suicides in Chuuk and 1 suicide in Kosrae in 2009. No suicides reported in the States of Pohnpei and Yap last year.; All "zero" (0). During this reporting period Chuuk State reported a rate of 24/100,000 of suicide deaths among youths age 15 through 19. This actually translates to 2 deaths out of 8,255 population of this age group. In 2008, Chuuk state reported no deaths among this age group. Kosrae State reported a rate of 118/100,000 suicide deaths among youths 15-19 year olds. This translates to 1 death out of a total of 845 youths in this population group. In 2008, Kosrae State reported "0" or no deaths in this age group. Activities conducted during this period included Counseling and Education sessions provided by the Substance Abuse and Mental Health Program to 15yr olds and above at the schools and communities. The SAMH Program also provided leaflets, brochures, and pamphlets to youths. The MCH and SAMH programs have been working collaboratively in an attempt to prevent suicides in the state. Pohnpei State reported "0" or no suicide deaths among youths aged 15-19 during this reporting period. As a matter of fact, Pohnpei had reported no suicide among this age group since 2005. During this period, Yap State reported "0" or no suicide deaths among youths aged 15 through 19. As a matter of fact, Yap has been reporting "0" since the past 3 years.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to work with the youths to address the problem of suicide		X	X	
2. Mental Health Program to educate the youths		X		
3. Purchase ready-made educational pamphlets to distribute to students during school health screening	X	X	X	
4. Form partnership with youth groups to engage them in activities that will promote positive self esteem and positive behavior	X		X	
5. Develop education materials for parents to recognize depression symptoms in their youths		X	X	X
6.				
7.				

8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is providing counseling sessions to youths on how to deal with depression and other issues that may lead them into committing suicide. The FSM MCH Programs is also collaborating with the Substance and Mental Health Program for counseling on drug use, especially alcohol. Suicide in the FSM is often a result of drinking alcohol. In Chuuk, the MCH and Family Planning programs are working with the COM Staff to talk to youths regarding self-esteem and the prevention of suicide problems. In Kosrae, the MCH Program is currently doing or working on the activities that they did in the previous year. In Pohnpei, the MCH program is working closely with the Adolescent Health and Development Project in counseling youths at the high school, expressing the importance of life and also counseling on how to cope with stresses or depressions. The MCH program is also working with the Adolescent Health Development Project Peer Educators in doing peer counseling and awareness on issues relating to youths and suicides at the schools and in the communities in Pohnpei. In Yap, the MCH and Public Health staffs continue to link with government agencies in mobilizing activities for the youths to instill positive behaviors, improve self-confidence and better health. The MCH staff also collaborates with youth groups (church-based) who provide radio spots targeting the youths on virtues.

c. Plan for the Coming Year

The FSM MCH Program plans to increase the number of peer educators/counselors to deal with the youths directly. It is believed that sometimes effective message for youths are communicated from their peers. Plan has been made to continue the current activities in the coming year. In Chuuk, the MCH and Family Planning Programs plan to continue working with other Government and Non Governmental Agencies in the state to educate youths regarding prevention of suicides. The MCH staff will collaborate with the Youth Resource Center to address this issue to the youths. Also, the MCH Program plans to conduct awareness workshops for parents so they can identify suicidal behaviors among their children. The plan for Kosrae is to have the MCH program responsible for the counseling and education services for the youth population during precollege work up. Another plan is to produce more education materials on suicide and alcohol and to train the MCH Staffs in order to upgrade their counseling skills on tobacco and suicide. Finally, the MCH Program plans to do a survey on the cause(s) of suicide. For Pohnpei, the plan is to continue working with the SAMH Program, the Adolescent Health Development Project, other government agencies and Non-government agencies engaging in youth activities for building up of self confidence and self esteem among youths. For Yap, the plan is to continue collaborating with youth affiliated government agencies and NGOs engaging youths in activities for the building up of self confidence and self esteem to maintain the indicator at zero.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1

Data Source				Hospital Discharge/Birth Certificate	Hospital Discharge Record/Birth Certificate
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0

Notes - 2008

Not Applicable to FSM. FSM does not have facilities for high risk deliveries.

a. Last Year's Accomplishments

FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM does not have facilities for high-risk deliveries and neonates; no activity for this performance measure.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM.

c. Plan for the Coming Year

FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	23	25	28	60	80
Annual Indicator	26.1	19.8	30.3	40.4	34.7

Numerator	637	461	696	854	748
Denominator	2441	2325	2299	2113	2157
Data Source				Birth Certificate	Birth Certificate
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	90	100	100	100

a. Last Year's Accomplishments

FSM reported a decrease at 34.7% in 2009 compared to 40.4 in 2008. Despite the fact that FSM MCH Programs increased the number of workshops in schools and communities for women of childbearing age, still, the coverage was decreased. The aim of the in-school and community workshops was to educate women of childbearing age about the importance of early prenatal care and information on how does one know if she was pregnant. Chuuk State reported a decrease to 47% in 2009 from 51% in 2008. For FY 09 this performance decreased due to the fact that many women delivered either at home or went off island, to Guam or Hawaii, to deliver. Kosrae State reported a decreased to 22.9% in 2009 from 25% in 2008. The Kosrae MCH program conducted workshops targeting all women of childbearing age in the communities, stressing the importance of early prenatal care. The Kosrae MCH program also had mobile clinics in each municipality every Monday of each month. They carried out counseling services, immunization, weight monitoring, fluoridation, vitamin A and de-worming. Pap Smears were taken at the central or main clinic at Public Health. The MCH program also had prenatal clinics at the central clinic on Tuesdays and Thursdays. Those were days when blood screenings, vital signs, height and weight, dental screening, nutrition counseling, pregnancy counseling, and also family planning counseling were done. Pohnpei State reported that the percent of infants born to pregnant women receiving prenatal care during the first trimester decreased to 13.2% in 2006 from 23.6% in 2005. Then it increased to 35.8% in year 2007 and increased again to 38.9% in 2008 but in 2009 decreases to 27%. Although the data staggers throughout the years, when doing a 3-year running average, the data showed that Pohnpei State was improving on the percent of women receiving prenatal care during the first trimester. It is worthy to note that Pohnpei state had some challenges in the implementation of this performance measure. In Pohnpei state, Initial Prenatal Care remains at center in Public Health and clients claimed to have transportation problem and a cause for not coming into early. Some clients claimed that they did not know that they were pregnant till baby start moving. Long waiting time is another impediment: normally the OBGYNS would do rounds before clinics-Pohnpei State needs an OBGYN available to do clinic early when clients arrived, not couple hours later. Yap State reported an increase from 17% in 2008 to 24.4% in 2009. This 7% increase was partly due to the fact that Yap State hired a new OBGYN and this doctor rotates around the four (4) Community Health Centers (CHCs) on the main island of Yap. In addition, the MCH has successfully pushed for the permanent hiring of the 6 Certified Births Attendants (CBAs) under state budget. The MCH program supported the CBAs and the Neighboring islands health providers by providing training updates on FP and MCH requirement and skills, and other necessary health courses. The Certified Birth Attendants (CBAs) in the Neighboring islands are doing their best to enroll pregnant women early in PNC clinics.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educate mothers the important of coming early for prenatal care.		X	X	
2. Increase awareness among the women the consequences of coming late to prenatal care.		X	X	
3. Quarterly spots in Cancer Newsletter encouraging women to enroll early in PNC		X	X	
4. Quarterly radio spots on the disadvantages of delayed PNC on baby and mom		X	X	
5. Continue coordinating and collaborating with Primary Health Care, AHEC and hospital administration to provide yearly update training to CBAs and health assistants		X		
6. Provide incentives (t-shirts/bags) to pregnant women who enroll in PNC during 1st trimester.	X			X
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program is continuing its education and counseling sessions on the importance of coming in early for prenatal care. School and Community workshops are also on-going. In Chuuk, the MCH Program is educating mothers on the importance of coming early to prenatal care especially for those who are high risk. The MCH and Family Planning Programs are working collaboratively with the women group in the community to educate women on importance of early prenatal care. During outreach visits the MCH and Family Planning programs initiated early prenatal care and referred the women to the main clinic for other assessments and to do screening at the lab. In Kosrae, all those activities that were carried out last year are still ongoing. In Pohnpei, the MCH program maintain or continues the missed menses clinics, doing more health education on the importance of early prenatal care, giving health education in the adolescent clinic regarding importance of early prenatal care and disseminating health education materials regarding the importance of early prenatal care in the high schools. The MCH program is also working on developing dramas or plays for the Adolescent peer educators to do for outreach program and working on developing radio programs. In Yap, the MCH program continues supporting the Certified Birth Attendants and the Neighboring islands health providers by providing training updates on FP and MCH requirement and skills, and other necessary health courses.

c. Plan for the Coming Year

The FSM MCH Program plans to continue to expand its outreach activities targeting more schools and communities. Follow up sessions will be carried out and additional promotional materials will be developed. The plan for Chuuk State is to have the MCH and Family Planning programs continue doing more outreach visits to the communities to see the pregnant women who are not able to afford to come to the clinic on the center. There is an ongoing re-training of health assistants to carry out MCH Program activities or provide services in their communities. The Kosrae MCH Program plans to provide Pregnancy test kits to the Community Health Clinic so they are accessible to women who want to use them. The MCH program also plans on extending pap smear screening to the Community Health Centers and provide prenatal services at the communities to avoid transportation problem. The MCH program plans to conduct more workshops in the communities stressing the importance of early prenatal care aimed at encouraging pregnant women to come in early for prenatal care and also conduct surveys to find out why women are not coming in early for prenatal care. The MCH Program plans to provide

more training on prenatal care to MCH staffs as well as OB nurses. The MCH program plans to work with the hospital administration to garner support to renovate the health unit in each municipality and to designate a physician to be in charge of prenatal care services. Pohnpei State plans to maintain all activities, however, to increase community awareness and education by joining or teaming up with the CES-Land grant program. The plan for Yap State is to increase the coverage for this performance to at least 42%, half of the bench mark stated by the Healthy People 2010 guidelines, by end of 2011. To ensure that the objective is achieved, the MCH program has planned for the following activities for the coming year. The MCH program plans to contribute an article every quarterly in the Cancer Program Newsletter encouraging women to enroll early in PNC. The MCH program plans on developing quarterly radio spots on the disadvantages of delayed PNC on baby and mom. The MCH program plans to continue coordinating and collaborating with Primary Health Care, AHEC and hospital administration to provide yearly update training to CBAs and health assistants. Another plan is to provide incentives (t-shirts/bags) to pregnant women who initiated prenatal care during 1st trimester. The MCH program plans to collaborate with the CHCs on the incentives scheme to make it successful.

D. State Performance Measures

State Performance Measure 1: *The percent of women receiving services in the MCH Programs who receive a Pap smear.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	40	80	80
Annual Indicator	26.8	57.2	17.5	40.0	36.2
Numerator	923	1793	412	1216	1121
Denominator	3450	3135	2353	3042	3093
Data Source				MCH Program Data	MCH Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	90	95	95	

a. Last Year's Accomplishments

The FSM MCH Program reported fewer women had Pap smear screening. The data showed a decrease of 36.2% in 2009 from 40% in 2008. In the FSM there were 3,093 women received MCH Program Service and 1,121 or 36.2% received a Pap smear. Of the 1,121 women who had a Pap smear, 32 or 2.9% has positive Pap smear. To date Management of the FSM Department of Health and Social Affairs (H&SA) has not finalized the decision on the renewal of the FSM MCH Pap smear Contract. Individual States report as follows: Chuuk State reported an increase of 28% in 2009 from 22% in 2008. In 2009, 966 women in Chuuk were receiving MCH Services. Out of the 966 women 270 (28%) received a Pap smear. Out of the 270 who received a Pap smear, no one "0" was reported positive. This performance measure was improved from the previous year because the MCH program was using a local clinic to do the Pap smear reading. The MCH and Family Planning Nurses are obtaining the Pap smear screening during antenatal clinic. Other activities that contributed to the positive achievement included the National government's assistance and support in helping the MCH program to establish the contract to read the pap smear, Sefin Clinic's continued support of the MCH program to read and send overseas of suspected specimen, the MCH Program's continued coordination with the Public Health Nurse Practitioner and Physicians to obtain pap smear during prenatal clinic. The MCH

and Family Planning nurses worked to increase the number of specimen obtained during ANC Clinic. Kosrae State reported a decrease of 68% in 2009 from 72% in 2008. In 2009, the MCH program reported 356 women received MCH program services. Out of the 356 women, 241 (68%) received a Pap smear and out of the 241 who received a Pap smear 13 (5.4%) were positive. All pap smear were taken at the central clinic during prenatal visits and postpartum visits at 2 months postpartum. Some were taken from Gyn clients and STI, premarital, students and food handlers' clinics. Pap smears were sent to a contracted laboratory in Guam. Pohnpei State reported that the number of women who received a Pap smear decreased to 15% in 2009 from 32% in 2008. In 2009 there were 989 women received MCH services. Of the total, 149 (15%) received a pap smear and out of the 149 women, 5 (3.4%) were positive. The decrease was due to the change in venue for reading Pap smear and limited Pap smear test kits. Yap State recorded a decrease of 59% in 2009 from 74% in 2008. In 2009, 782 women received MCH program services. Out of the 782 women, 461 (59%) received a Pap smear and out of the 461 screened 14 (3%) were positive. There is a decrease in this performance due to a confusion in the billing where the Guam Lab was not sending Pap results--Pap services was suspended for almost 3 months. DHS Yap hired an accountant who now can monitor and review hospital billings of this nature.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Have the National Gov. to establish outside contract to read the pap smear		X	X	
2. Coordinate with Public Health Nurse Practitioner and Physician to obtain pap smear during prenatal clinic	X			
3. MCH/Family Planning nurses to increase the of specimen obtained during ANC Clinic	X			
4. Aggressive early PNC 1st booking visit through radio and Cancer newsletter		X		
5. Coordinate with Public Health Nurse Practitioner and Physician to obtain pap smear during prenatal clinic	X			
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The National MCH Program entered into a contract with LabTech in Guam on behalf of the State MCH Programs. The contract expired last year and has not renewed since. The decision on to renew the contract or not has not finalized by FSM. Pap smear screening is required of all first prenatal visit pregnancies. Individual States reported as follows: In Chuuk, the MCH Program obtains Pap smear as part of the screening for the prenatal patients. It is a joint effort of the STI, MCH, and FP Nurses to do Pap smear. The MCH Program had difficulties with LabTech in Guam because they did not send back reports therefore they switch to a local laboratory clinic to read Pap smear. In Kosrae, services are on-going at the main clinic where Pap Smears are obtained. The Pohnpei MCH Program obtains Pap smear as part of the screening during prenatal clinics. Pap smear screening is a joint effort and collaborative services between STI, Family Planning, and MCH programs. The Pohnpei MCH Program withdrew from the National Pap Smear Contract between FSM and LabTech Clinical Laboratory in Guam and entered into a contract of its own. Yap State provides Pap services during PNC, and lend full effort in National Women's health week; done annually. The MCH and Cancer programs promote Pap smear screening. The CBAs in neighboring islands use VIA technique and refer those needing further

evaluation or Pap smear to Yap Hospital. The CBAs participated in the Women's Health Week by obtaining Pap smear.

c. Plan for the Coming Year

The FSM MCH Program plans to continue obtaining pap smear as part of their screening program. FSM Plans to increase the coverage next year by collaborating with the other public health programs. The FSM MCH Program plans to work closely with the management of the Department of Health and Social Affairs to renew the existing contract for Pap smear or enter into a new contract for the Pap smear with another overseas laboratory. In Chuuk, the MCH Program plans to continue to work with the Sefin Clinic to do the reading but plans to collaborate with the main hospital to establish an outside vender to send biopsy for analysis. The MCH Program plans to continue doing more awareness for the women groups on the importance of obtaining their pap smear. The plan for the MCH Program in Kosrae is to extend Pap smear screening to the communities, renew the Pap smear contract, start the VIA screening so pap smear could be taken right away, doing more awareness workshops on the importance of early pap smear screening, and produce more educational materials on cancer. The MCH program plans to collaborate with the Cancer Control Program in Kosrae to target community groups, such as the women groups, the church groups, and the youth groups to bring in more women for Pap smear screening. Another plan is to convince the Hospital Administration into renovating the health units at the communities for easy access for screening and to designate a physician for cancer for early referral or treatment. For Pohnpei, the MCH Program plans to continue doing more awareness workshops for the women groups on the importance of early pap smear screening, and produce more educational materials on cancer. The MCH program plans to collaborate with the Cancer Control Program in Pohnpei to target community groups, such as the women groups, the church groups, and the youth groups to advocate for and encourage more women to have their Pap smear taken. Yap State plans to increase the coverage by at least 20% by increasing awareness on the importance of early PNC visit and Pap smear.... Early detection of infections and abnormalities is treatable and preventable. Some of the planned activities for the coming year is to have the Department of Health Services accountant scrutinize Pap billing and mitigate any discrepancies so confusion is avoided, monitor this indicator by tracking it on a quarterly basis, coordinate with Public Health Nurse Practitioner and Physician to obtain pap smear during prenatal clinic, the MCH and Family Planning nurses to increase the number of specimen obtained during ANC Clinic, and aggressive early PNC 1st booking visit through radio and Cancer newsletter.

State Performance Measure 2: *Percent of pregnant women who have been screened for Hepatitis B surface antigen.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	75	80	80	85	85
Annual Indicator	81.9	82.6	80.2	100.0	92.8
Numerator	2321	1762	1836	2193	2046
Denominator	2834	2132	2289	2193	2205
Data Source				Prenatal Clinic Data	Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	90	95	100	100	

a. Last Year's Accomplishments

The FSM MCH Program reported a decrease of 92.8% in 2009 from 100% in 2008. During this reporting period, FSM MCH Program reported 2,205 women in the prenatal clinic. Out of the total, 2,046 women or 92.8% were screened for Hepatitis B. Of those screened 119 women or 5.8% were positive; as decrease from 2008 at 6.6%. The decrease in the number of women screened was due to insufficiency of reagents, which were provided by other public health programs. Individual State reports are as follows: Chuuk State reported a decrease of 84% in 2009 from 100% in 2008. In 2009, the MCH program reported 966 women in the prenatal clinic. Of the 966 women, 807 (84%) were screened for hepatitis B. Out of the 807 women screened, 55 (6.8%) were positive; a decrease from 10% in 2008.. For this performance, the MCH Program was coordinating with Immunization Program who provided supplies or reagent for screening prenatal patients for Hepatitis B during prenatal clinic. The MCH program continued to monitor the number of pregnant women who were screen and educated them on the results, especially educate the pregnant women who were positive to be deliver at the hospital for their babies to be vaccinated after delivery. Kosrae State reported a decrease of 95% in 2009 from 100% in 2008. In 2009, the MCH program reported 195 women in the prenatal clinic and every one (100%) was screened for hepatitis B. Out of the 195 women screened, 2 (1%) was positive; remained the same for 2008. Hepatitis B screening is taken during first visit pregnant mothers, and also students, food handlers, and premarital without any cost. Reagents were provided by the STI program for treatment and follow ups. Hepatitis B vaccines were provided by the immunization program. The decrease was due to stock out of hepatitis reagents. Pohnpei State reported 100% of women in the prenatal clinic were screened for Hepatitis B surface Antigen. Out of the 820 (100%) women screened, 36 (4.4%) were positive; an increase by .2% point from 2008. Hepatitis B screening is taken during first visit of pregnant mothers. Yap State reported that 100% of Women attended prenatal care was screened for Hepatitis B surface antigen. Of the 224 (100%) women screened, 26 or 11.6% were positive; an increase from 6% in 2008. For this measure, it has remain at 100% as nurses tending to PNC follow procedure and Laboratory fully support by testing all pregnant women, and providing results the following week after clinic.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to coordinate with immunization program to supply the reagent for screening.		X	X	
2. To screen prenatal patients during prenatal clinic	X			
3. Educate pregnant women who are positive to be deliver at the hospital for their babies to be vaccinated after delivery			X	
4. Continue to coordinate with hospital laboratory and medical supply re HepB reagents availability		X	X	
5. To monitor and track to ensure all pregnant women are screened	X		X	
6. Educate pregnant women who are positive to be deliver at the hospital for their babies to be vaccinated with HBIG			X	
7. Coordinate with Immunization Program staff for the consistent availability of HBIG supply at Delivery Room				X
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program works with FSM Immunization and STI programs so enough reagents are purchased to avoid stock outs at State level. In Chuuk, the MCH Program screens for Hepatitis B and this year some improvements are noticed compared to this time last year. The immunization and STI programs provide supplies or reagents and there is a lab technician assigned to do hepatitis screening. The data recording is also improving. The nurses counsel

pregnant mothers on results of their test and advice them to deliver at the hospital, especially those with positive results. In Kosrae, Hepatitis screening is on-going at the main clinic at public health. Education and counseling services are on-going, targeting those with positive results and are pregnant. The Pohnpei MCH Program works with the National Health Department through State Immunization Program to make sure supplies are available for Hepatitis B screening, make sure all pregnant women are screened for Hepatitis B, counsel and educate pregnant women regarding prevention of transmission of Hepatitis B virus. The MCH program collaborates with the Immunization program to improve Immunization coverage in Pohnpei. Yap screens pregnant women during 1st visit at PNC clinic and Laboratory continues supporting this activity. MCH/STI/HIV-AIDS program staffs provide counseling on all STIs and providing treatment as ordered by doctors.

c. Plan for the Coming Year

During the FSM MCH Annual Workshop, this year in Chuuk State, the State MCH Programs agreed to drop this State Performance Measure. The decision was based on the reality that the FSM States have very few pregnant women who had been screened positive for Hepatitis B. They have replaced it with percent of children 5-21 years old diagnosed with Rheumatic Fever. There seems to be a high prevalence of Rheumatic Fever among this age group, so FSM is interest in tracking to verify. This State Performance Measure will be dropped this year and FSM will begin reporting on it in 2011.

State Performance Measure 7: *Percent of children with identified developmental problems who are admitted to the CSHCN Program.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		35	40	60	70
Annual Indicator	1.0	9.7	19.7	26.3	18.7
Numerator	61	98	254	310	234
Denominator	5944	1007	1289	1177	1251
Data Source				CSHCN Program Data	CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	90	100	100	

a. Last Year's Accomplishments

There are fewer children admitted to the CSHCN program last year. The FSM MCH Program reported a decrease at 18.7% in 2009 compared to 33.8% in 2008. It is not know if fewer children are having disabilities or the screening is not comprehensive enough to include all targeted children. Individual State Program reports are as follows: Chuuk State reported a decrease of 28% in 2009 from 37% in 2008. This indicator showed that 28% of CSN clients were identified as having developmental problems and were admitted to the CSHCN Program. During the reporting period, the MCH program, in collaboration with other assessment team members, were screening children to identify those with developmental problems for admission into the CSHCN program and updated the CSN Registry to get accurate data for the CSHCN program. Kosrae State reported a decrease to 1% in 2009 from 8% in 2008. Some of the activities carried out by the MCH program during the period included, screening for developmental delays during well baby clinic, screening at the mobile clinic in the communities, and screening during school physical examinations. Screening for children with developmental disabilities was also carried out during the child find survey. The child find survey was carried out throughout the communities in Kosrae and is a joint initiative between the department of health services and Education. Development

screening for children, from birth to 3 years, was done at the well baby clinic through the FSM Developmental screening tool while screening for developmental delays for children from 3 to 5 years old was done during the child find survey using the FSM developmental screening for 3 to 5 years old. Pohnpei state reported an increase of 6.7% in 2009 compared to 3% in 2008. Pohnpei State screened 297 children and out of those screened twenty (20) were identified as having development delays and were admitted into the CSHCN Program. Some of the activities carried out by the MCH program during the period included, screening for developmental delays during well baby clinic, screening at the clinics in the communities, and screening during school physical examinations. In Yap, the percent of children identified with developmental delays and admitted to the CSHCN program in 2009 was the same as it was in 2008 at 4%. This number represents the percent of new admission into CSHN program with developmental delay. So on the average, about 3 children per year with developmental delays are found and admitted into the CSHN Program.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Screening children that will be identify as developmental problems	X			
2. Update the CSN Registry to get accurate data				X
3. Collaborate with the other Assessment Team members	X			
4. Continue child-find activities thru school health screening, well baby clinics, newborn clinics, and outreach visits	X	X		
5. Coordinate specialists visits to FSM where CSHN clients can be seen and diagnosis confirmed	X	X		X
6. To request CSHN specialist or expert to train physicians in the FSM.				X
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program continues to collaborate with the Special Education Program to screen more children. Screening is on-going during well baby clinic. In Chuuk, the MCH/CSN Staff continue to screen the CSN clients who are referred from Well Baby Clinic and other Agencies and registered them if they are eligible for services. The CSN Registry is already in place and data are shared with Special Education and Head-Start Program for client's services. Kosrae state is continuing with the screening process and using the same screening forms they used last year. In Pohnpei, the MCH program, with the support of other Public health nurses continue to screen 1 year old babies for anemia at Well Baby Clinic (WBC), provide nutrition counseling and promoting and advocating consumption of local foods, especially those Vitamin A rich foods. In Yap, the Inter-agency committee has met twice and elected chair, vice and recording secretary, and will meet once per quarter. Minutes of last meeting was circulated to all members, those absent included. Since the last two meetings, there is a new feeling of renewed commitment to truly collaborate and support each other, share resources and plan outreach activities together.

c. Plan for the Coming Year

The plan is to continue doing more screening and refer identified children for appropriate treatment. For Chuuk, the MCH program plans to continue working with the Inter-Agency Assessment Team members in order to re-organize and try to set up schedule for all members to

be present during assessment and evaluation for the clients. There is also a plan to refer all the 0-5 year olds to the Early Childhood Education service providers to provide services to these CSN clients. The CSN Assessment team members to collaborate with Special Education on tracking these disable children during child find or during outreach visits. Kosrae State plans on continuing with the developmental delay screening and to revise the screening form for 3 to 5yr olds. The MCH program plans to continue its collaboration with the special education program in the conduct of the child find survey. The MCH program plans to develop more educational materials on signs of developmental delays or problems and disseminate to parents during well baby clinic in child find survey in the communities. Pohnpei State plans on continuing with the developmental delay screening. The MCH program plans to continue its collaboration with the special education program in the conduct of the child find survey. The MCH program plans to develop more educational materials on signs of developmental delays or problems and disseminate to parents during well baby clinic in child find survey in the communities. Yap plans to improve collaboration/ coordination between agencies to better provide services; child find, family education, outreach activities, etc. The MCH nurses will plan with SPED staff in coordinating home visits to homebound clients and provide education on nutrition and other related issues. MCH will continue to actively coordinate and man specialists visit to Yap to ensure CSHN clients are seen at these clinics. MCH also need to coordinate with CHC doctors, monitor for new cases, and obtain data for reporting. In addition, the MCH program plans to continue with the child-find activities thru school health screening, well baby clinics, newborn clinics, and outreach visits, and to coordinate with the National MCH Program for specialists visit to Yap where CSHN clients can be seen and diagnosis confirmed. Another plan is to request training of physicians in Yap by CSHN specialist (FSM to pay specialist, travel & hotel).

State Performance Measure 8: *Percent pregnant women attending prenatal care who are screened for low hemoglobin.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	95	100	100
Annual Indicator	90.0	89.4	98.6	94.9	98.7
Numerator	2091	1905	2256	2081	2176
Denominator	2324	2132	2289	2193	2205
Data Source				Prenatal Clinic Data	Prenatal Clinic/Lab
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	

a. Last Year's Accomplishments

The FSM MCH Program reported an increase of 98.7% in 2009 from 94.9% in 2008. As a matter of fact, three (3) States reported coverage at 100% in 2009 except for Chuuk State, which reported an increase to 97% in 2009, an increase of 10% from the previous year. In 2009, FSM MCH Program reported 2,205 pregnant women attended first prenatal clinic. Out of the total, 2,176 pregnant women were screened for low hemoglobin. Of the total screened, 578 pregnant women or 26.6% diagnosed with anemia. Individual State reports are as follows: Chuuk State reported an increase of 97% in 2009 from 87% in 2008. In 2009, the MCH program reported 966 pregnant women attended first prenatal clinic visit. Out of the total, 937 pregnant women were screened for low hemoglobin. Of those screened, 217 or 23.2% pregnant women were diagnosed with anemia. Activities that contributed to the increase included continued screening prenatal women who come to Public Health clinic for prenatal services and coordination with the laboratory for proper and adequacy of supplies. In Kosrae, the percentage remains at 100% from

2005 to 2009. Screening was done at first visit prenatal at the central clinic. The MCH program reported 195 pregnant women attending first prenatal clinic visit and 100% were screened for low hemoglobin. Of the 195 pregnant women screened, 94 or 48.2% were diagnosed with anemia. Pohnpei State reported that 100% of all pregnant women attending prenatal care were screened for low hemoglobin. There were 820 women attended prenatal clinic during this reporting period. Out of the 820 women screened 271 had low hemoglobin or anemia. Yap reported (224) or 100% of pregnant women attending first prenatal clinic visit in 2009 were screened for low hemoglobin. Of the 224 screened, 50 or 22.3% were diagnosed with anemia. Screening for low hemoglobin was carried out for all pregnant women seen at PNC during this reporting period.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue screening prenatal women who come to Public Health clinic for prenatal services	X			
2. Coordinate with the laboratory for proper supplies			X	
3. Provide supplemental financial support for the procurement of prenatal vitamins, ferrous sulfate tablets	X	X		
4. Doing community awareness on anemia and its consequences		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Lack of supplies was identified as the cause of the decrease for coverage in anemia screening. The FSM MCH Program is trying to order more supplies to avoid stock outs in the future. In Chuuk, the MCH Program continues to collaborate with the State Laboratory to continue screening the pregnant women for low hematocrit. There is improvement of supplies at the laboratory so this indicator is improving. In Kosrae, screening is continuing for the first visit prenatal at the main clinic at Public health. The Pohnpei MCH Program is working on increasing nutritional education to the public, encourage local food consumption, and close monitoring of pregnant women with low hemoglobin level. In Yap, the Program nurses continue to follow program's protocol and coordinate anemia screening with hospital laboratory.

c. Plan for the Coming Year

The FSM MCH Program plans to secure more funding to order more supplies to improve screening for anemia in the coming year. In Chuuk the MCH Program plans to continue screening pregnant women for low hemoglobin and to support the State laboratory by ordering reagents and other supplies for the new machine to do screening. The Program will continue to educate and distribute ferrous tablets to the pregnant women who are anemic. In Kosrae, the plan is to continue on-going services into the coming year. Pohnpei plans to develop pamphlet on anemia in the local language and dialects, develop dramas or plays on role of hemoglobin in the body relating to anemia, and continue educating pregnant mothers about the importance of nutrition to health especially during pregnancy. The MCH program plans on encouraging and advocating healthy eating habits and practices by all women of childbearing age in the state and working with the laboratory people to make sure that all pregnant mothers are screened for Anemia and closely monitor those with low hemoglobin level. For Yap, the plan is to continue to screen for

anemia at PNC, coordinating and supporting Laboratory in availing of necessary supplies for screening and prenatal vitamins and ferrous sulfate tablets.

State Performance Measure 9: *Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	15	20	20	30	50
Annual Indicator	9.2	13.4	20.3	27.3	18.8
Numerator	635	1024	1706	3943	2519
Denominator	6892	7663	8423	14432	13379
Data Source				Well Baby Clinic Data/ECE Data/Dental Program Data	Well Baby Clinic/ECE Data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	70	80	90	90	

a. Last Year's Accomplishments

Overall, the FSM MCH Program reported a decrease of 18.8% in 2009 compared to 27.3% in 2008. Except for Kosrae, all of the States reported a decrease. The cause of the decrease had to do with lack of supplies. Chuuk State reported a decrease of 18% in 2009 from 25% in 2008. This indicator was decreased from last year due to lack of supplies. Kosrae state reported an increase of 88% in 2009 compared to 83% in 2008. The increased was attributed to the active involvement of the dental assistant to provide fluoride varnish during well baby clinic and during outreach activities in the communities. On Mondays Fluoride varnish was provided to infants at the Well Baby Clinic and on Wednesdays fluoride varnish was provided to other children at the mobile clinics in the communities. The coverage could have been more had the program did not run out of fluoride varnish. Pohnpei state reported that the percent of infants who received fluoride varnish decreased to 6.4% in 2009 from 29% in 2008. One of the possible causes of this decrease may be that the Early Childhood Education Program's sealant project expired at the end of year 2008 and the supplies ran out too. Yap State reported a decrease at 12.2% in 2009 compared to 21% in 2008. The data decreased from what was reported last year because this reporting period's data did not include data from the Neighboring islands, ECE and other children. The data reported was from the Well Baby Clinic.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Program to continue apply fluoride varnish to all the 1-5 years in the Well Baby Clinic and ECE Program	X			
2. Have the Dental Program purchase enough fluoride varnish for this group of children			X	
3. MCH Program to continue providing supplemental funding to Dental Division for dental fluoride	X		X	
4. Continue to collaborate with ECE and Primary Health Care in			X	

the provision of this services to children				
5. MCH to collaborate with all linked agencies for better data collection and reporting				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH program continues to collaborate with Dental Services to purchase fluoride and carry out services. In Chuuk, the MCH Program coordinates with the dental division to have their Dental Assistants to apply fluoride varnish to all 1-5 year olds who come for well baby and immunization clinic. The Dental Staff joined the outreach team to do the fluoride varnish to the children in the communities. There is already a staff assigned by the Chief of Dental Division to be responsible for this activity. Other Staff were trained with Medical Team from University of Washington on proper cleaning of children's teeth and using varnish. In Kosrae, the activities for the last year are on-going this year. In Pohnpei, the MCH Program coordinates with the dental division to have their Dental Assistants to apply fluoride varnish to all 1-5 year olds who come for well baby and immunization clinic. The Dental Staff joined the outreach team to do the fluoride varnish to the children in the communities and outer islands of Pohnpei. In Yap, the MCH Dental nurse continues to provide dental fluoride to children during WBCs, and MCH Coordinator re-evaluates process of recording data on this measure for accurate reporting. The MCH Coordinator is consulting with Chief of Dental on the matter of data from the Neighboring islands.

c. Plan for the Coming Year

The FSM MCH Program Plans to continue purchasing dental supplies to continue fluoride varnish activities. For Chuuk, the plan is to increase number of visits to the community and to continue to include the Dental Staff as part of the outreach team. The daily and written schedule or assignment for the Dental Assistant will be given to the Dental Division Chief for timely implementation. The data will be recorded on a daily basis in the computers for easy access. The MCH Coordinator will coordinate with the Dental Division to facilitate electronic reporting of the data. The MCH Coordinator will encourage the Dental Division to participate in the Inter-Agency Assessment Team to assure that these services will be available for the 1-5years old in the ECE. For Kosrae, the plan for the coming year is to make sure that the MCH program has sufficient supplies of fluoride, so they would not again experience stock outs. The MCH program plans to do monthly inventory of fluoride supplies and purchase additional supplies depending on the findings of the inventory and assist dental assistants in storing and distribution of the fluoride varnish. For Pohnpei, the MCH program plans on working with the dental division to continue administering fluoride varnish and to order more supplies in advance so that supplies do not run out. For Yap, the MCH Program staff plan to continue collaborating with ECE, CHCs and other inter-government agencies to improve on the data collection, and MCH Program plans to lend support for the continuation of this service. Planned activities for the coming year include providing supplemental funding to Dental Division for dental fluoride, to collaborate with ECE and Primary Health Care in the provision of this service to children, and to collaborate with all linked agencies for better data collection and reporting.

State Performance Measure 10: *Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and	2005	2006	2007	2008	2009
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Performance Data					
Annual Performance Objective	60	65	70	70	75
Annual Indicator	36.4	36.3	34.7	35.7	35.8
Numerator	414	446	452	430	448
Denominator	1138	1227	1302	1203	1251
Data Source				CSHCN Program Data	CSHCN Program
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	85	90	90	

a. Last Year's Accomplishments

The FSM MCH Program reported an increase, 35.8% in 2009 compared to 35.7% in 2008. The percent of increase (1%) was so small that it may not mean anything statistically. However, it is worthy to report that in 2009 three (3) of the four (4) State MCH Programs reported significant improvements. Individual State progress reports are as follows: Chuuk State reported a decrease to 20% in 2009 from 26% in 2008. The reason behind the decrease was the fact that the CSHCN Team was not able to go with the outreach team to the lagoon and outer islands. Kosrae state reported an increase of 88% in 2009 from 47% in 2008. The CSN coordinator is the person who scheduled the CSN assessment. The coordinator was responsible for organizing the CSN assessment team and informed them about the reevaluation. If the clients cannot make it at their assessment time due to lack of transportation, then the Special Education or the CSN program will be responsible to provide transportation. The assessment team includes the CSN Physician, CSN Coordinator, nutritionist, and related services assistance RSAs). Pohnpei State reported that the percent of children with special needs who completed re-evaluation increased from 37% in 2005 to 67.5% in 2006 but decreased to 66.5% in 2007 and to 52% in 2008 but again increased to 55.5% in 2009. In doing a 3-year running average, it showed that this performance measure was not improving therefore Pohnpei State is committed to working harder with the Special Education Program and the State Interagency council to improve on this measure. Yap state reported an increase of 51% in 2009 compared to 44% in 2008. Last year data showed an increase of 7%. This is a result of improved collaboration and coordination of all inter-agencies' staff mobilizing everyone needed to transport clients to clinics- both regular CSHN and specialty clinics. And most notably the hiring of a coordinator for this long-neglected subpopulation has helped tremendously.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Screening of CSN Clients	X			
2. Increase number of outreach services			X	
3. Continue conducting reevaluation thru CSHN clinic at Public Health	X			
4. One outreach visit to the Neighboring Islands with a physician on the team to re-evaluate CSHN clients	X	X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The FSM MCH Program works with Special Education Program and State Interagency Council to improve services. The individual state reports are as follows: In Chuuk, the CSHCNN Staffs

screen and register CSN Clients who referred from other program and do assessment of each client. The CSN Assessment Team consists of the MCH /CSN Staff without Special Education and Head-Start. Data is recorded electronically by the CSN Staff. In Kosrae, last year activities are on-going this year. The Pohnpei MCH program works to improve the scheduling for re-evaluation by all teams (Inter Agency Council), work to improve and update the data system, and work to improve and enhance communication between the comprehensive assessment team. In Yap, there is a marked improvement in the working relationship between SPED and MCH staff. The Inter-agency Committee has met twice this year, and elected committee's chair (Denitha); vice chair ((John Bugulrow); secretary (Mary Laayan). The communication has become regular in comparison to previous years. SPED and MCH have successfully obtained financial support to refer a CSHN child to PI for medical treatment. This is one of the end-result of team work. About ten CSHN kids have been accepted by Shriners Childrens' Hospital for treatment. Four had gone and returned, and six are scheduled to go this current year. Preliminary plans have started in preparation for the Shriners' team visit to Yap this month.

c. Plan for the Coming Year

The FSM MCH Program plans to increase outreach programs in order to reach out to those children who cannot come to the central clinic due to transportation problems. For Chuuk, the Inter-Agency Assessment Team members plan to schedule their time together for the assessment to be done. The Outreach Team plans to increase the number of visits for the assessment and re-evaluation to be done in the communities. It has been very difficult for the parents to bring their children to the center for re-evaluation with the increase price of gasoline. The MCH/CSN Program Staff plan to review the computerized data and do home visits for CSN clients who have not re-evaluated. The CSN Physician plans to make a schedule and makes it available at all times. The MCH/CSN Program plans to request the National MCH support staff to provide a vehicle to facilitate visits to the clients on Weno. Many of these disabled children are located on Weno and are not able to be served due to transportation problem. For Kosrae, the plan is to work on the current services that MCH and CSHCN programs provide. The MCH program plans to purchase assistive device for special assistance to the CSN clients (eg. wheelchairs, blender, and stroller). The MCH program plans to purchase a vehicle for the MCH and CSN program to do home visits and outreach activities in the communities. Also, the MCH program plans to work with the pharmacist to include in the formulary essential medicines for the children with special health care needs so MCH can purchase their own medicines for CSN clients that are on daily medications. The MCH program plans to purchase other equipment such camera and lab top in order to run the MCH program more effectively and efficiently. The MCH program plans to hire the CSN coordinator that has been vacated for so long. Pohnpei state plans to continue to assess and evaluate the re-evaluation program to determine which areas need improvement or need to be revised in terms of services provided or management of the program. The MCH program plans to work with the Inter Agency Council (IAC) to improve the schedule for re-evaluation and to improve and update the data system. The MCH program plans to continue to improve and enhance communication between the comprehensive assessment team and to seek or ask for either a nurse or health assistant to work in the CSHN program. For Yap, the plan is to increase the percent of children who completed reevaluation by 10% at the end of year 2011. The MCH Program staff will do all their best to maintain regular and professional working relationship with all inter-agencies, plan outreach together so resources can be pooled and efficiently utilized. Conduct evaluation of coordinating clients' scheduling for clinics so improvement can be made. Consult with committee the need to monitor and track CSHN clients serve by CHCs. And finally, Yap physicians need training in assessing, evaluating CSHN clients.

State Performance Measure 11: *Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective			0	50	70
Annual Indicator		0.0	34.5	47.7	52.7
Numerator		0	7295	11741	13765
Denominator		1	21157	24612	26143
Data Source				Public Health Record/Census Data	Public Health Record/Census
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	80	90	90	90	

a. Last Year's Accomplishments

The FSM MCH Program reported an increase of 52.7% in 2009 from 47.7 in 2008. The increase was due to State Program's effort to target more schools and communities. Individual State reports are as follows: Chuuk State reported a decreased of 53% in 2009 from 58% in 2008. The decrease for this performance was due to lack of transportation to do education at the schools and communities. The MCH Program staffs were working with the Family Planning Health Educator to reach out to the College of Micronesia-Chuuk Campus, the public and private high schools and communities in Chuuk State. Because the MCH program lacked transportation, they had to wait for the availability of other programs' vehicles so they can use them. The schedule of visit to schools and communities was basically dependent on the availability of transportation. Kosrae State reported an increase of 15% in 2009 from 9.3% in 2008. The increase was partly as a result of their effort to target women during organized women group scheduled activities. Health education was given at the well baby clinic and through community workshop once a year. Health education for the schools took place at the high school for the senior girls alone and was held only once during the year. Since 2007 the MCH program started to include health education during International Women's day and World Population day activities and during the breast feeding week. Health education was also given during the child find survey. To date, Kosrae MCH program has not hired a replacement Nurse Health educator yet. Pohnpei State reported an increase of 72% in 2009 from 48.5% in 2008. The increase was due to their decision to include Elementary schools for the school visits. The MCH Program visited the elementary and high schools and communities throughout Pohnpei State. Awareness e and education was provided through presentations, dramas, variety shows, media and also youth to youth (individual peer education) counseling. Yap state reported a decrease of 27% in 2009 from 28% in 2008. The slight decrease may have no statistical significance. There may actually been an increase but some of the activities were not documented. The definition for comprehensive health education needs to be clarified, and understood by all 4 states. The PH staff co-hosted many outreach activities together, school health, health fairs, and career day at COM.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct school health screening in all schools by coordinating schedule with State Education leaders	X	X	X	
2. Conduct at least 2 community visits thru CHCs and village groups leader, island chiefs and dispensary managers	X		X	
3. Develop and /or purchase appropriate educational materials for community and schools.				X

4. To improve the documentation of all educational activities in the schools and communities by assigning a person to collect all outreach activities where it can be shared with PH staff.				X
5. Form partnership with at least 1 municipality or village or NGO				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Women issues are sensitive in the FSM therefore the FSM MCH Program works with women community groups and women school teachers to take lead in the workshops discussions. In Chuuk, the MCH Program works with the Chuuk Women's Association to educate women on health issues for both mothers and children. The MCH staffs advocate and solicit support of the women in the communities to participate in services that MCH Program provides for the health of mothers and children. The different functions for women are women International week and women's health week. The Outreach services are also times when mothers are educated in the remote islands, especially those who cannot come to Public Health. In Kosrae, the MCH Program initiated nutrition workshops which conducted in each municipality. Other topics on Women's health, such as Pap smear screening, cervical cancer, breast feeding, early prenatal care, etc. were added to the agenda. In Pohnpei, the MCH program continues with the school and community visits, doing awareness and education through presentations, dramas, variety shows, media and also youth to youth (individual peer education). In Yap, the MCH, FP and other Public Health programs continue to collaborate with the CHCs and schools in conducting educational health activities including Youth Services and US Peace Corp Volunteers-SOS Camps.

c. Plan for the Coming Year

The FSM MCH Program plans to expand the workshop to the outer Islands in the coming year, but continue to target the rest of the communities on the main islands. This will be done by collaborating with other Public Health programs and state agencies. In Chuuk, the MCH Program plans to coordinate with other program at the Public Health like Family Planning, HIV/Aids, NCD and other services to educate childbearing age women especially at High Schools, and COM. We will continue to work with the Chuuk women Association to present health topics during their conference or meetings. In Kosrae, the MCH program plans to extend the health education sessions twice a year to different age groups; youths and adults. The MCH program plans to collaborate with the women's groups in the respective communities to organize workshop sessions for the women of childbearing age in their communities. The MCH program plans to continue to work with the Special Education program to incorporate health educations sessions during the Child Find Survey. The MCH program plans to conduct nutrition workshops throughout the five municipalities and to bring in more resource people to talk about other health issues aside from nutrition. For Pohnpei, the plan is to continue with the present activities by working with the Family Planning, School Health and AHD programs. The Yap MCH program plans to increase the percentage of women of child bearing age who attend comprehensive health education session in schools and communities by 26% in 2011. To achieve this objective, the MCH program plans to conduct school health screening in all schools in Yap by coordinating schedule with State Education leaders; conduct at least 2 community visits through CHCs and village groups leader, island chiefs and dispensary managers; develop and /or purchase appropriate educational materials for community and schools; to improve the documentation of all educational activities in the schools and communities in Yap by assigning a person to collect all outreach activities where it can be shared with PH staff and form partnership with at least 1 municipality or village or NGO.

State Performance Measure 12: *The rate of maternal deaths in the reporting year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective				3	3
Annual Indicator					0.0
Numerator					0
Denominator					2190
Data Source				Death Certificate	Death Certificate/Vital Statistics Record
Is the Data Provisional or Final?					Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	2	1	1	1	

Notes - 2008

//2010// This measure was selected in 2008 and FSM will begin reporting on it in 2009. The FSM States' MCH Programs suspected that FSM has a much higher rates of maternal deaths than what the country has been reporting. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

Notes - 2007

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments

This is a new State Performance Measures for the FSM that the four (4) FSM States started reporting on during this reporting period. All four FSM states reported "0" or no Maternal Deaths in 2009. Individual State reports are as follows: Chuuk State reported "0" or no maternal deaths during this reporting period. This indicator is one of the new state performance measures that FSM added the year before. The MCH Program has a health educator who was doing the health education services for the women during every visit to Public Health. Other activities held included educating pregnant women on the prevention of pregnancy complication and some IEC materials were developed and distributed on Women's Health with emphasis on pregnancy Complications. A Health Education Protocol or guideline was also developed. Kosrae State also reported "0" or no maternal death during this reporting period. The Pregnant mothers were examined for gestational hypertension and diabetes, anemia, STI such as gonorrhea, Chlamydia, HIV, trichomonas and other infections. Fetal heart was monitored during every visit along with gestational age and other problems. Counseling and education were given on nutrition, family planning, tobacco and so forth. Education was also provided on labor and delivery along with abnormal signs during pregnancy. Vital Signs were taken during every visit of the pregnancy and at 1month postpartum. Pohnpei State reported "0" or no maternal death during this reporting period. The Pregnant mothers were examined for gestational hypertension and diabetes, anemia, gonorrhea, Syphilis, Chlamydia, HIV, and other infections. Education was also provided on labor and delivery along with abnormal signs during pregnancy. Vital Signs were taken during every visit of the pregnancy and at 1month postpartum. Yap State also reported "0" or no maternal deaths during this period. The Mortality Committee members have been identified and have made a general agreement that the committee shall meet within 2 weeks after an event of infant or maternal death when such events occur at the Yap Hospital. Public Health program managers have worked and finalized a reporting format for the Neighboring island health providers to provide needed health data and approved by Dr. Yolwa, overall Primary Health Physician

Supervisor.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue health education on a one-to-one basis during High Risk Prenatal clinics	X	X	X	
2. Revise high risk prenatal protocol based on recommendations by Mortality Committee(all high risk deliveries be attended to by OB-GYN only)				X
3. Conduct CME for health providers to easily recognize high risks symptoms in PNC especially in remote areas				X
4. Seek funding to create PNC educational flip chart and for use in all PNC clinics throughout the states		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This is a new State Performance Measures and current activities for individual State are as follows: In Chuuk, the MCH Health Educator continues to educate all pregnant women during ANC about the high risk health condition. All the high risk pregnant mothers were referred to be monitored by the OBGYN. In Kosrae, all of the services and activities carried out during the past year are on-going this year. The Pohnpei MCH program is doing Health and Nutrition educations and counseling as part of the regular prenatal care services. The activities from the past year are on-going in Pohnpei. In Yap, the MCH program continues to coordinate with Primary Health Care staff for collection of reports from the Neighboring Islands. The Public health staffs continue to hold weekly meetings with PHC and CHCs to address any issues that may arise and coordinate with all other health activities.

c. Plan for the Coming Year

This is a new State Performance Measures for the FSM and the plans for individual states are as follows: Chuuk State plans to continue monitoring this indicator and continue educating all pregnant women to come early for prenatal check up to prevent any complication during pregnancy. The plan for Kosrae, for the coming year, is to continue with the current services. These include monitoring of high risk pregnant mothers at delivery and during postpartum including monitoring of the conditions of equipments used in the delivery and operating room. Also, the MCH Program plans to purchase needed medicines to ensure that medicines are available at all times for delivery and postpartum (such as iron supplements, hypertensive meds, diabetic meds, iv antibiotics or bleeding control drugs, etc. The MCH program also plans to re-organize the Infant Mortality review committee so they can also review maternal deaths. The Pohnpei MCH program plans to continue to do awareness and education on the importance of nutrition to health and health maintenance, most especially to a pregnant mother and her developing baby. For Yap, the MCH Program plans to support referral of high-risk pregnant women to main hospital by supplementing transportation costs within state, and CME in Prenatal care services be periodically provided by OB physicians. We also plan to Coordinate closely results of audits by QA and take appropriate corrective actions. Audits are done quarterly on all MCH clinics. Some of the planned activities for the coming year include health education on a one-on-one basis during High Risk Prenatal clinics, revise high risk prenatal protocol based on

recommendations by Mortality Committee (all high risk deliveries be attended to by OB-GYN only), conduct CME for health providers to easily recognize high risks symptoms in PNC especially in remote areas, and to seek funding to create PNC educational flip chart and for use in all PNC clinics throughout the state.

State Performance Measure 13: *The percent of one year old babies with anemia.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective				60	50
Annual Indicator				95.6	26.9
Numerator				3548	122
Denominator				3710	454
Data Source				Well Baby Clinic Data	Well Baby Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional
	2010	2011	2012	2013	2014
Annual Performance Objective	30	20	10	10	

Notes - 2008

//2010// The FSM States' MCH Programs suspected that a lot more children under 1 year old are anemic. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

Notes - 2007

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments

This is a new State Performance Measures for the FSM and the four (4) FSM States that we decided to track and report on during this reporting period. Overall, FSM reported 454 babies 1 year old or younger attended Well Baby Clinics in 2009. Out of the total, 122 babies or 26.9% have anemia. Of the FSM total, 80 or 17.6% were from Chuuk of which 37 have anemia; 233 or 51.3% were from Kosrae of which 61 have anemia; 48 or 10.5% were from Pohnpei of which 12 have anemia; and 93 or 20.4% were from Yap of which 12 have anemia. State Individual State reports are as follows: Chuuk State reported 80 babies 1year and younger attended Well Baby Clinic and of the total 37 or 46% have anemia. Chuuk State reported 46%in 2009. This is a new indicator that FSM added during the previous year. All the one year olds who showed up at Public Health were screened for anemia and proper treatment was given with nutrition counseling. Other activities for the year included education of all the caretakers who come to Public Health regarding proper nutrition for the infants and development of a protocol and procedure for the nurses to use in the clinic for treatment. Kosrae State reported an increase of 26% in 2009 from 20% in 2008. All one year old babies who came to the well baby clinic were screened for anemia. If HCT results were at or below 35% then they were referred to the physician in charge to prescribe iron supplement. Weight monitoring for all babies was also done and if it fell below the fifth percentile then vitamin supplements were also given. Vitamin A, second dose, and fluoride varnish were also given at one year. Physical examination was done for the second time at one year old. Children below the fifth percentile and at or below 35% HCT were followed up by the nutritionist and MCH nurses. Pohnpei State reported that 25% of one year old babies who attended Well Baby Clinic have anemia. Although this is the first year that Pohnpei State reported on this indicator, Pohnpei continued to do preventive measures by educating and or doing awareness on issues of anemia at Antenatal clinics. Yap State reported 13% in 2009. This is a

new indicator that FSM added the year before to screen one year old babies who showed up at Public Health for anemia.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to educate mothers @ WBC and screen 1 yr old babies for anemia	X		X	
2. Actively promote "Agro forestry" in at least 1 village or community.		X	X	
3. Develop recipes for making baby foods focusing on local foods, vegetables and Vitamin A rich food crops		X		
4. Collaborate with government and NGOs to conduct nutrition education in villages and islands				X
5. Seek funding to hire more nutritionists				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

This is a new State Performance Measures for the FSM and the four (4) FSM States and individual state activity reports are as follows: In Chuuk, the MCH Program continues to screen all one years old who showed up at Public Health Clinic for Well Baby Check up or for immunization for low hematocrit. Those children with low hemotocrit were given ferrous solution for treatment and the parents or care-takers were educated on proper nutrition for the babies. In Kosrae, all of the services in the past year are on-going. In Pohnpei, the MCH program staffs are providing counseling and education activities explaining to mothers and caretakers what is meant by exclusive breastfeeding. The MCH program is doing awareness, education and counseling on the benefits and advantages of Breastfeeding. The MCH program is also conducting workshops for the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding in the communities and community based-clinics. They are also working on developing health education materials regarding the benefits and the importance of breastfeeding. In Yap, the MCH program, with the support of other Public health nurses continue to screen 1 year old babies for anemia at Well Baby Clinic (WBC), provide nutrition counseling utilizing the new WBC educational flip chart, and joining YINEC in promoting cultivating and consumption of local foods, especially those Vitamin A rich foods.

c. Plan for the Coming Year

This is a new State Performance Measures for the FSM and the four (4) FSM States and individual State Program plans for the coming year are as follows: In Chuuk, the MCH Program plans to continue screening all the one year olds who showed up in the clinic. Also, the MCH program plans to increase the awareness and health education to all women in the communities so they can bring their babies for screening and counseling. Kosrae State plans to continue implementing current activities into the coming year. The MCH program plans to work closely with the laboratory staffs so turn-around of tab test results can be faster so interventions could start early if there is a problem. The MCH Program plans to work with the other Public Health programs to safeguard availability of blood workups supplies at all times and that Iron and multivitamins, Vitamin A and vermoz are also available at all times. Pohnpei state plans to continue educating caretakers on what is meant by exclusive breastfeeding and doing refresher workshops on breastfeeding and weaning of infants to Health assistants and nurses. The MCH, Immunization, and Family planning staffs are educating mothers and caretakers on appropriate

nutrition or weaning food for young children. Breastfeeding education remains an important issue to talk about with the caretakers and parent(s). For Yap, the MCH program plans to continue monitoring and track anemia in 1 year old babies, and to aggressively promote "GO LOCAL" activities in the villages of Yap Proper and Outer islands. The MCH program also plan to collaborate with COM and Agriculture to expand the "Agro forestry Project" in Yap. MCH will also work with YINEC to create recipes for baby foods based on local foods. MCH will consult and solicit support from top hospital leaders and FSM in hiring a nutrition educator trainee.

E. Health Status Indicators

Introduction

Overall, the percent of live births weighing < 2,500 grams showed improvement in 2009 at 11% compared to 13.5% in 2008. Chuuk, Kosrae and Yap reported fewer children born with <2,500 grams. Chuuk reported a decrease to 9.1% in 2009 from 27% in 2008, Kosrae reported a decrease of 6.4% in 2009 from 10% in 2008 and Yap reported a decrease to 7.7% in 2009 from 8.2% in 2008. Only Pohnpei reported an increase of 13.7% in 2009 from 3.7% in 2008. Overall, FSM reported improvement for live births weighing <1,500 grams at 0.8% in 2009 compared to 1% in 2008. Chuuk reported a decrease from 21% in 2008 to 0.5% in 2009 and Yap also reported a decrease from 1.4% in 2008 to 0.9% in 2009. Kosrae and Pohnpei reported increases of 2.3% in 2009 from 0.6% in 2008 and 0.7% in 2009 from 0.3% in 2008 respectively. Throughout FSM, 2% of pregnant women smoked in 2009 compared to 3.2% in 2008. This is relatively smaller than number of pregnant women reported smoking in 2008. The data for infants born to pregnant mothers receiving prenatal care beginning in the first trimester showed modest decrease. In 2009, 34.7% of all infants born were born by women receiving prenatal care during the first trimester compared to 40.4% in 2008. Except for Yap, who reported an increase of 24% in 2009 from 17% in 2008, all other states reported modest decrease.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	15.0	8.7	8.4	7.0	11.1
Numerator	248	203	199	147	239
Denominator	1649	2325	2374	2113	2157
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

The percent of live births weighing less than 2,500 grams was decreased in 2009 at 11% compared to 13.5% in 2008. Chuuk State reported 78/858 or 9% of live births weighing <2,500 grams. Kosrae State reported 15/175 or 8.6% of live births with low birth weight. Pohnpei State reported 128/891 or 14.4% of live births with low birth weight and Yap State reported 18/233 or 7.7% of live births having low birth weight. In 2009, 46/2,265 or 2% of all pregnant mothers reported smoking during the last three months of pregnancy. Although, this figure seemed small, most states reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. This may have contributed to the high percentage of

children born with low birth weight in each of the states. The State MCH Programs continue to educate and counsel pregnant mothers about the hazards of smoking and second-hand smoke on the fetus during regular clinics and outreach activities in the communities.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	4.6	8.7	7.2	6.5	10.2
Numerator	108	203	167	136	218
Denominator	2359	2325	2323	2089	2141
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

This health status indicator for FSM has improved by 8.6%. The percent of live singleton births weighing less than 2,500 grams decreased in 2009 to 10.2% compared to 18.8% in 2008. Chuuk, Kosrae, and Yap States reported decreases while Pohnpei State reported an increase. Chuuk reported a decrease to 8% in 2009 from 35% in 2008. Kosrae also reported a decrease to 6.4% in 2009 from 10% in 2008. Yap State also reported a decrease from 8% in 2008 to 7.4% in 2009. Pohnpei State reported an increase from 3.7% in 2008 to 13.7% in 2009. Because the data is so small it may not mean much statistically.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.3	1.2	1.0	1.5	0.8
Numerator	8	27	23	31	17
Denominator	2400	2325	2374	2113	2157
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

This health status indicator for FSM has improved by 0.2%. The percent of live births weighing less than 1,500 grams decreased in 2009 to 0.8% compared to 1% in 2008. Chuuk and Yap States reported decreases while Pohnpei and Kosrae States reported increases. Chuuk reported a decrease to 0.5% in 2009 from 21% in 2008. Yap also reported a decrease to 0.9% in 2009 from 1.4% in 2008. Pohnpei State reported an increase from 0.3% in 2008 to 0.7% in 2009.

Kosrae State also reported an increase from 0.6 in 2008 to 2.3% in 2009. Because the data is so small it may not mean much statistically.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.4	1.0	0.6	1.3	0.7
Numerator	9	24	13	27	16
Denominator	2359	2297	2323	2089	2141
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

This health status indicator for FSM has improved by 4.9%. The percent of singleton births weighing less than 1,500 grams decreased in 2009 to 0.7% compared to 5.6% in 2008. Only Chuuk State reported a decrease while Kosrae, Pohnpei, and Yap States reported increases. Chuuk reported a decrease to 0.5% in 2009 from 14% in 2008. Kosrae reported an increase to 1.8% in 2009 from 0.6% in 2008. Pohnpei State also reported an increase from 0.3% in 2008 to 0.7% in 2009. Yap State also reported an increase from 0.5 in 2008 to 0.9% in 2009. Because the data is so small it may not mean much statistically.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	11.6	2.5	14.9	5.1	30.5
Numerator	5	1	6	2	12
Denominator	43172	40462	40339	39066	39313
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

The rate of injuries among children 14 years and younger increased to 30.5 in 2009 from 5.1 in 2008. Except for Chuuk State, all States reported increases "0" or no unintentional injury among children 14 years and younger. Chuuk reported an increase to 64.9% in 2009 from 10.6% in 2008. This translates to 12 injuries out of a population of 18,502 people.

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	2.3	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	43172	40462	40339	39391	39313
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM State MCH Programs reported "0" or no deaths among this age group due to motor vehicle crashes.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0.0	0.0	8.3	12.4	4.1
Numerator	0	0	2	3	1
Denominator	22762	23641	24162	24284	24591
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

All FSM State MCH Programs reported "0" or not death due to motor crashes among this population group, except for Chuuk State. Chuuk State reported a rate of 7.2/100,000, which translates to 1 death out of a population of 13,865.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	354.4	84.0	1,036.2	58.9	386.6
Numerator	153	34	418	23	152
Denominator	43172	40462	40339	39066	39313
Check this box if you cannot report the numerator because					

1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM MCH Program reported an increase in the rate to 386.6/100,000 from 58.9/100,000 in 2008. Except for Yap State who reported "0" all other States reported increases. Chuuk State reported a rate increase to 654/100,000 in 2009 from 26/100,000 in 2008. This translates to 121 nonfatal injuries out of 18,502 children. Kosrae State also reported an increase to 861.2/100,000 in 2009 from 449/100,000 in 2008. This translates to 25 nonfatal injuries out of 2,903 children. Pohnpei State also reported an increase to 46/100,000 in 2009 from 38/100,000 in 2008. This translates to 6 nonfatal injuries out of 13,098 children.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	30.1	4.9	168.6	20.4	25.4
Numerator	13	2	68	8	10
Denominator	43172	40987	40339	39197	39313
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM reported an increase to 25.4/100,000 in 2009 from 20.4/100,000 in 2008. Chuuk and Yap States reported "0" or no non-fatal injuries due to motor crashes, while Kosrae and Pohnpei States reported increases. Kosrae reported an increase to 137.8/100,000 in 2009 from 35/100,000 in 2008. this translates to 4 non-fatal injuries out of 2,903 Children in 2009. Pohnpei State reported an increase to 46/100,000 in in 2009 from 37.8/100,000 in 2008. This translates to 6 non-fatal injuries out of 13,098 children.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	79.1	17.1	471.8	70.0	36.6
Numerator	18	4	114	17	9
Denominator	22762	23336	24162	24284	24591
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM reported a decrease a of 37/100,000 in 2009 from 70/100,000 in 2008. Chuuk and Yap States reported "0" or no non-fatal injuries due to motor crashes. Kosrae State reported an increase to 297.6/100,000 in 2009 from 177/100,000 in 2008. This is 5 non-fatal injuries out of 1,680 children in 2009. Pohnpei State reported a decrease to 61/100,000 in 2009 from 121/100,000 in 2008. This is 4 non-fatal injuries out of 6,535 children in 2009.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	2.0	3.0	1.2	3.8	13.2
Numerator	13	22	9	27	95
Denominator	6489	7342	7498	7127	7191
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM reported an increase of 13/1,000 in 2009 compared to 4/1,000 in 2008. In 2009, Chuuk State reported an increase from 1/1,000 in 2008 to 53/1,000 in 2009. Kosrae reported an increase from 0/1,000 in 2008 to 9.4/1,000 in 2009. Pohnpei State also reported an increase of 15.2/1,000 in 2009 compared to 2.3/1,000 in 2008. Yap State also reported an increase from 29/1,000 in 2008 to 92.8/1,000 in 2009. Yap State reported the highest rate for cases of chlamydia, with 59 out of 636 young women in 2009. The increase in cases of chlamydia does not only mean that more young women are contracting STIs, but it may also be a direct result of the increase in chlamydia screening for this age group. FSM current have the Adolescent Health and Development Project in Pohnpei and the Reproductive Health and HIV/AIDS Linkage Project in Chuuk State that provide services to teenagers.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	5.4	3.9	1.4	6.6	13.9
Numerator	95	87	25	114	242
Denominator	17689	22235	18480	17243	17377

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

FSM reported an increase of 1.4/1,000 in 2009 compared to 0.7/1,000 in 2008. In 2009, Chuuk State reported that the rate remained as it was in 2008, at 2%. Kosrae, Pohnpei and Yap States reported increases. Kosrae reported an increase from 2/1,000 in 2008 to 6/1,000 in 2009. Pohnpei State also reported an increase of 16.4/1,000 in 2009 compared to 1.2/1,000 in 2008. Yap State also reported an increase from 41.2/1,000 in 2008 to 57.3/1,000 in 2009. The increase does not mean that more women are having STIs but it may be a direct outcome of increase screening for chlamydia.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	3018	0	0	0	0	3018	0	0
Children 1 through 4	10626	0	0	0	0	10626	0	0
Children 5 through 9	13234	0	0	0	0	13234	0	0
Children 10 through 14	13355	0	0	0	0	13355	0	0
Children 15 through 19	14527	0	0	0	0	14527	0	0
Children 20 through 24	10787	0	0	0	0	10787	0	0
Children 0 through 24	65547	0	0	0	0	65547	0	0

Notes - 2011

Narrative:

The data does not include any other race beside FSM citizens living in the four FSM States.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
-----------------------------------------------------------	-------------------------------------	---------------------------------	-------------------------------

Infants 0 to 1	3018	0	0
Children 1 through 4	10626	0	0
Children 5 through 9	13234	0	0
Children 10 through 14	13355	0	0
Children 15 through 19	14527	0	0
Children 20 through 24	10787	0	0
Children 0 through 24	65547	0	0

Notes - 2011

Narrative:

The data does not include any ethnic groups but only FSM nationals.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	9	0	0	0	0	9	0	0
Women 15 through 17	106	0	0	0	0	106	0	0
Women 18 through 19	154	0	0	0	0	154	0	0
Women 20 through 34	1143	0	0	0	0	1143	0	0
Women 35 or older	336	0	0	0	0	336	0	0
Women of all ages	1748	0	0	0	0	1748	0	0

Notes - 2011

Narrative:

The data does not include any race, only FSM nationals.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	9	0	0
Women 15 through 17	106	0	0
Women 18 through 19	154	0	0
Women 20 through 34	1143	0	0

Women 35 or older	336	0	0
Women of all ages	1748	0	0

Notes - 2011

Narrative:

The data does not include any ethnic groups, only FSM nationals.

Health Status Indicators 08A: Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	29	0	0	0	0	29	0	0
Children 1 through 4	8	0	0	0	0	8	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	3	0	0	0	0	3	0	0
Children 15 through 19	5	0	0	0	0	5	0	0
Children 20 through 24	6	0	0	0	0	6	0	0
Children 0 through 24	54	0	0	0	0	54	0	0

Notes - 2011

Narrative:

The data does not include any race, only FSM nationals.

Health Status Indicators 08B: Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	29	0	0
Children 1 through 4	8	0	0
Children 5 through 9	3	0	0
Children 10 through 14	3	0	0
Children 15 through 19	5	0	0
Children 20 through 24	6	0	0
Children 0 through	54	0	0

24			
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Notes - 2011

Narrative:

The data does not include any ethnic group, only FSM nationals.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	53898	0	0	0	0	53898	0	0	2009
Percent in household headed by single parent	2.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid		0	0	0	0	0	0	0	2009
Number enrolled in SCHIP		0	0	0	0	0	0	0	2009
Number living in foster home care		0	0	0	0	0	0	0	2009
Number enrolled in food stamp program		0	0	0	0	0	0	0	2009
Number enrolled in WIC		0	0	0	0	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	12.0	0.0	0.0	0.0	0.0	12.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	7.0	0.0	0.0	0.0	0.0	7.0	0.0	0.0	2009

Notes - 2011

FSM is not eligible for TANF. Not applicable to FSM. Numbers are dummies so ignore.

FSM is not eligible for Medicaid. Not applicable to FSM. Numbers are dummies so ignore.

Narrative:

In the FSM, percent of households headed by a single parent is very small, estimated at about 2%. Most families in the FSM are headed by the the father or the grand father, or the oldest brother. So, even if a single women and her children live by themselves, they are either headed by the oldest brother or grand father. Juvenile arrest is at about 12% and major causes of incarceration are larceny and drunk and disorderly. High school drop out is estimated at about 7% nationwide. This is kind of low but the National department of education was not able to provide us with the exact number.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity.*
(Demographics)

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	53898	0	0	2009
Percent in household headed by single parent	1.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	12.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	7.0	0.0	0.0	2009

Notes - 2011

FSM is not eligible for TANF. Not applicable to FSM. Numbers are dummies so ignore.

Not applicable to FSM. Numbers are dummies so ignore.

Narrative:

FSM is not eligible for most of the Federal Programs listed herein above and we do not have foster homes either. The data for high school drop outs, juvenile crime arrests, and household headed by single parent were provided based on our best estimates.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	19896
Living in rural areas	27357
Living in frontier areas	2487
Total - all children 0 through 19	49740

Notes - 2011

Narrative:

In the FSM, residency is categorized by three major areas: Urban areas are the main business centers normally located on the main island; Rural areas are communities around the main island aside from the business centers; and Frontier areas are smaller communities farther upland toward the mountains and the Outer or Neighboring Islands. There are no metropolitan areas in the FSM. The categories are determined based on accessibility of the people to receive services.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	107581.0
Percent Below: 50% of poverty	0.0
100% of poverty	100.0
200% of poverty	0.0

Notes - 2011

2011 projected population based on 2000 FSM Census.

FSM is considered a third world country and therefore everyone is considered to be below the 100% of the U.S. Poverty Level guidelines.

Narrative:

FSM depends on the U.S. Government for its economic development and funding assistance is funneled into the country through a Compact of Free Association. The first Compact has expired and the second Compact Agreement was recently renewed for another 15 year period. FSM is considered a under-developed nation, therefore everyone is considered to be living below 100% of the U.S. poverty level.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	49740.0
Percent Below: 50% of poverty	0.0
100% of poverty	100.0
200% of poverty	0.0

Notes - 2011

2011 projected population based on 2000 FSM Census.

FSM is considered a third world country and everyone is considered to be below the 100% poverty level per the US Poverty Level guidelines.

Narrative:

FSM depends on the U.S. Government for its economic development and funding assistance is funneled into the country through a Compact of Free Association. The first Compact has expired and the second Compact Agreement was recently renewed for another 15 year period. FSM is considered a under-developed nation, therefore everyone is considered to be living below 100% of the U.S. poverty level.

F. Other Program Activities

The FSM MCH Program Activities are also supported by the Title X Family Planning Program, particularly in the provision of prenatal care services, at the Public Health Clinic and outreach program. The United Nations Population Fund (UNFPA) Reproductive Health Program compliments both the Title X Family Planning and the Title V MCH Program in the FSM by supporting services for pregnant mothers, all women of child bearing age (CBA), adolescents, especially young women and training of service providers. The UNFPA initiative in the FSM has contributed to the development of the Peer Education and Counseling Centers at the College of Micronesia-FSM National Campus and State Campuses of Chuuk, Kosrae, and Yap, targeting in-school youths, development of the Adolescent Health and Development Project, currently operating in Pohnpei State, and the Linkage Project in Chuuk State from which the ARH Multi-Purpose Center was established, which targets out-of school youths. All of these centers' activities are aimed at increasing awareness on both health and social problems effecting the youths in the pacific, especially FSM. UNFPA also funds the POP-GIS, a graphic information system, aimed at improving data management and translation for the FSM. The National Women's Health Week and World Population Day Celebrations are held every year. These programs support the MCH Program Objectives by fostering positive attitudes for women. Essentials of early prenatal care services were discussed, such as exclusive breastfeeding, screening for breast and cervical cancer with a pap smear, iron deficiency anemia, STIs, food taboos, which has positive correlation with iron deficiency anemia, and importance of health insurance for children. An application for the Early Hearing Detection and Intervention (EHDI) grant was submitted to HRSA and FSM finally got funded to do Newborn Hearing Screening at the main hospitals in the four FSM States. Newborn hearing screening is on-going in all FSM States and now FSM is able to response better to some of the Performance Measure in the MCH Block Grant Data Matrix. The FSM MCH Program also submitted another application to CDC for the CDC-EHDI Tracking, Surveillance, and Integrated Project. FSM finally got funded and we are able to further upgrade and improve the health information system at the State level, which should facilitate sharing of data among the States and between the States and the FSM Department of Health. The CDC-EHDI Tracking, Surveillance and Integration program will support and further build on the Information System that the SSDI Project has started for the National and State Departments of Health.

G. Technical Assistance

FSM Needs Technical Assistance in many areas, but one area that we urgently need technical assistance for is the development of a user-friendly CSHCN Survey. We need a Survey that the State MCH staff can conduct on their own, record the data and analyze the data by themselves. Currently, FSM has a CSHCN Survey, emulating the SLAIT Survey. The survey is very long, complicated and FSM is having difficulty to analyze the data. Yap State recently conducted the CSHCN Survey but no one within the MCH program can analyze the data.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. Federal Allocation (Line1, Form 2)	563713	339327	582617		586600	
2. Unobligated Balance (Line2, Form 2)	0	0	0		0	
3. State Funds (Line3, Form 2)	440000	440000	440000		440000	
4. Local MCH Funds (Line4, Form 2)	0	0	0		0	
5. Other Funds (Line5, Form 2)	0	0	0		0	
6. Program Income (Line6, Form 2)	0	0	0		0	
7. Subtotal	1003713	779327	1022617		1026600	
8. Other Federal Funds (Line10, Form 2)	1343676	1343676	250000		990058	
9. Total (Line11, Form 2)	2347389	2123003	1272617		2016658	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	148855	119745	148855		142779	
b. Infants < 1 year old	154772	142355	166263		168755	
c. Children 1 to 22 years old	211969	179669	212955		214833	
d. Children with	276968	139376	283968		286484	

Special Healthcare Needs						
e. Others	104933	97829	104360		105339	
f. Administration	106216	100353	106216		108410	
g. SUBTOTAL	1003713	779327	1022617		1026600	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	100000		100000		100000	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	339367		0		0	
i. CDC	904309		0		179585	
j. Education	0		0		0	
k. Other						
EHDI	0		0		300000	
Title X Family Plann	0		0		410473	
I. EHDI:	0		150000		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	489113	385775	495135		495340	
II. Enabling Services	185454	123875	188545		192541	
III. Population-Based Services	209428	176245	217428		217333	
IV. Infrastructure Building Services	119718	93432	121509		121386	
V. Federal-State Title V Block Grant Partnership Total	1003713	779327	1022617		1026600	

A. Expenditures

The discrepancy in form 3,4 and 5 is due to the fact that in filling out these forms, FSM MCH program based its expenditures on what was actually awarded for that year. The budget columns were what FSM proposed for that year. The expended columns were what FSM was awarded. As can be seen, the total amount in the budget columns is exceed the amounts in the expended columns because FSM MCH Program only reported on what is spend out of the actual award.

B. Budget

Budget Narrative
Federated States of Micronesia-FSM

2011 MCH Budget

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2011

As documented in the Statement of Assurances in Section III, REQUIREMENTS FOR APPLICATION, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary for the Financial Management Specialist, fringe benefits, travel for the Program Manager and program staffs and expendable supplies to support the administration of the program at the FSM National Government.

PERSONNEL \$12,402

A total of \$12,402 is budgeted for personnel cost and includes provision of within grade increase for the Financial Management Specialist currently funded by MCH funds.

FRINGE BENEFITS \$1,116

A total of \$1,116 has been set aside for fringe benefits which cover social security, insurance and other benefits due the staff. Fringe benefits are based at 9.0% of the total base salary.

TRAVEL \$17,000

A SUM Portion of the funds will enable the program coordinator and financial specialist to conduct on site program and financial monitoring in the four (4) FSM states. The differences will fund the program coordinator and one program staff to attend the MCH Block Grant Review in Honolulu, HI, MCH Annual

Partnership Conference and AMCHP meeting in Washington, D.C.

EQUIPMENT \$0

No equipment requested in FY-2010.

SUPPLIES AND MATERIALS (EXPENDABLE) \$500

This amount is to purchase supplies and materials necessary to maintain the administrative operation of the program at the National level.

CONTRACTUAL \$1,000

\$1,000 will cover the FSM Membership fee to the Association of Maternal and Child Health Program (AMCHP).

OTHER \$ 1,500

\$500 will cover communication expenses, \$500 for POL and \$500 for freight.

TOTAL: \$33,518

PREGNANT WOMEN, MOTHERS & INFANTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2011

PERSONNEL \$150,745

The sum of \$150,745 has been budgeted to support the salaries of the component staff at the four (4) States of Kosrae, Chuuk, Pohnpei and Yap.

FRINGE BENEFITS \$10,795

Fringe benefits of 6.0% of the base salary is set aside to cover social security, insurance and other benefit due the staff. Kosrae fringe benefit rate of 8.0%, Pohnpei at 6.0%, Chuuk at 10.0% and 9.0% for FSM National Government.

TRAVEL \$10,772

This amount will cover intra-island and off-island travels by component staff relating to MCH and Family Planning conferences, workshops or trainings.

SUPPLIES \$6,250

This amount is to purchase both office, medical, and dental supplies for the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.

EQUIPMENT \$3,750

This amount is requested to purchase computer.

CONTRACTUAL SERVICES \$9,600

This amount is requested to contract an off-island Laboratory to read pap smear for the four (4) FSM States.

OTHER \$3,325

This amount requested for FY-2011 is to cover the cost of printing and reproducing MCH educational materials, correspondence, reports; communication (telephone, FAX,); freight and

petroleum, oil and lubricant (POL)

TOTAL: \$195,237

CHILDREN & ADOLESCENTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2011

PERSONNEL \$133,266

This amount requested will support the salaries of the component staff in each of the four (4) FSM states.

FRINGE BENEFITS \$10,796

This amount are based on 6.0% Pohnpei, 10% Chuuk, 8% Kosrae and 6% Yap state of the total base salary set aside for social security and other benefits due the staff.

TRAVEL \$10,772

This amount requested is budgeted for intra-island and off-island travels for the Four (4) FSM states.

EQUIPMENT \$3,750

A sum of \$3,750 is requested to purchase portable HOMOCUE machine.

SUPPLIES \$6,250

This amount is to purchase office and medical supplies for the MCH and Dental Program in the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.

CONTRACTUAL SERVICES: \$7,821

A total amount requested is to support breastfeeding support group.

OTHER \$3,325

A total of \$3,325 is requested to accommodate the costs of printing and reproduction, communication, freight, fuel, oil and lubricant for Chuuk, Kosrae, Pohnpei and Yap.

TOTAL: \$175,980

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2011

PERSONNEL: \$71,349

\$71,349 will continue support the salaries of National CHSCN Physician, Chuuk MCH Coordinator, CSHCN Coordinators for Pohnpei and Kosrae State.

FRINGE BENEFITS: \$6,421

This amount covers the Social Security, insurance and other benefits due the staff, and is based on an average 9.0% of the total base salary.

TRAVEL: \$42,000

\$42,000 will support off-island travel cost for the following program activities: 1) Both National and States MCH/CSHCN Coordinators, and one parent representative to attend the Pacific Basin Interagency Leadership Conference (PBILC); 2) To continue fund travel of the off-island pediatric cardiologist consultant to visit the four (4) FSM states and 3) National CSHN Program Manager and one staff to attend the Partnership Conference and PacRim. The differences will support travel of the National CSHCN Physician to visit the four FSM states.

EQUIPMENT: \$7,500

A sum of \$7,500 is requested to purchase one vehicle to support the CSHCN program outreach activities in Chuuk State.

SUPPLIES: \$40,000

\$40,000 is requested to purchase medical supplies such as long acting Bicilline, Multi-Vitamin, and Albendazole for the four FSM states.

CONTRACTUAL SERVICES: \$7,500

\$7,500 will continue to contract Dr. Melville Singer, Pediatric Cardiologist Consultant to provide services in the four FSM states.

OTHER: \$18,500

A sum of \$18,500 is requested to support the CSHCN program activities in the four FSM States based on a proposal submission to the FSM National Government.

TOTAL: \$181,865

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2011

State of Chuuk

PERSONNEL: \$89,260

A total of \$89,260 is requested to continue support the salaries of CSHCN Coordinator, two (2) graduate nurse, three (3) practical nurses, three (3) Health Assistants, one (1) health educator, one (1) MCH Secretary and one (1) Data clerk, and also one (1) Dental Assistant. This amount includes provision for within-grade increase for personnel who will be eligible for increment increase during fiscal year 2011.

FRINGE BENEFITS: \$8,926

To cover the social security, insurance and other benefits due the staff, total of \$8,926 is budgeted and based at 10% of the total base salary.

TRAVEL: \$4,500

\$1,500 is requested to continue support intra-island travel to the outer-islands and (5) nurses to continue the outreach services in the lagoon. \$3,500 to support the travel of the MCH Coordinator or program staffs to attend the off-island related conference and workshops. This meeting includes FP/MCH Annual Conference in Guam 2011.

EQUIPMENT: \$0

No equipment requested in FY-2011.

SUPPLIES: \$3,500

a) Medical and Dental Supplies \$3,000

of this amount 3,000 is requested to purchase medical supplies including prenatal tablets, iron tablets and liquid, multi-vitamins and tempra for children and to purchase dental supplies. Another medical supplies needed to purchase are sphygmomanometer, stethoscope and scales to run the MCH Clinic.

b) Office supplies (Expendable) \$500

A total amount of \$500 is requested to purchase office supplies to run MCH Clinic in the center and out in the outer islands.

CONTRACTUAL SERVICES: \$3,600

A total amount of \$3,600 is requested to cover Pap smear costs for an estimated 200 women at a price of \$18.00 per pap smear.

OTHER: \$2,300

a) Printing and Reproduction \$300; A sum of \$300 is requested for printing and reproducing data collection forms and Informational & Educational (IEC) materials.

b) Communication \$500

A sum of \$500 is requested to pay for DSL internet line for faster internet access, prepaid telephone card to use for fax, email and telephone services.

c) Petroleum Oil and Lubricant \$1,000

A sum of \$1,000 is requested to purchase gasoline and oil to conduct outreach services in the lagoon and outer islands.

d) Boat Rental \$500;

A sum of \$500 is requested to rent private boat for transporting MCH/CSHCN staff for outreach services in the remote community in the lagoon and including the outer-islands.

TOTAL: \$112,586

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2011

State of Kosrae

PERSONNEL: \$48,884

This amount requested is to continue support the salary of five (6) full time staff servicing MCH services. This includes the MCH Coordinator, MCH nutritionist, MCH Staff Nurse, one Dental Assistant, CSHCN Coordinator (vacant), and the School Health Nurse (vacant).

FRINGE BENEFITS: \$3,911

Fringe benefit at the rate of 8% of the base salary is set aside for social security, insurance and other benefits.

TRAVEL: \$6,000

This amount will cover travel cost for the MCH Coordinator and MCH Staffs to attend off-island conferences, workshops. These meeting include Annual FP/MCH conference in Guam and APNLC Conference in Chuuk State.

EQUIPMENT: \$0

No equipment requested in FY-2011.

SUPPLIES: \$2,500

a) Of this amount, \$2,000 is requested to purchase medical supplies such as vitamins, irons and tylenol for children and pregnant women and also to purchase dental supplies.

b) Expendable Supplies \$500

A total of \$1,000 is requested to purchase office supplies to support MCH clinic in the center and out in the Fields.

CONTRACTUAL SERVICES: \$7,821

a) A sum of \$2,000 is requested to continue contract one off-island laboratory for pap smears reading.

b) A sum of \$5,821 is requested to continue fund four (4) Breast Feeding Support Group Mothers supporting exclusive breastfeeding in the communities and at the central clinics.

OTHER: \$1,050

a) Communications: \$350; This amount is requested for telephone and internet cost.

b) Printing and Reproduction: \$300; This amount is requested for printing and reproduction of health education materials in both English and Kosrean for the MCH Program.

c) Rental Services: \$200; A sum of \$200 is requested for boat and car rental services to do an outreach clinic in the communities.

d) Petroleum, Oil & Lubricants (POL): \$200; This amount will purchase POL for outreach activities in the communities to do immunization updates, conduct workshops, do school physical examinations, home visitations and outreach education and counseling and other related MCH activities.

TOTAL: \$70,166

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2011

State of Pohnpei

PERSONNEL: \$76,770

A total of \$76,770 is requested to continue supporting the salaries of the Five (5) existing MCH Staffs and one (1) vacant position to hire a staff nurse II.

FRINGE BENEFITS: \$4,608

This amount is based on 6% of the base salary for social security and other benefits due the staff.

TRAVEL: \$6,884

\$2,080 is for intra-island travel. The differences amount of \$4,804 will support off-island travel for the MCH Program Coordinator or program staff to attend the Annual FP/MCH conference in Guam and the American Pacific Nurse Leadership Conference (APNLC) in Chuuk State.

SUPPLIES: \$4,500

a) Medical Supplies: \$3,000; This amount requested will purchase prenatal vitamins, iron tablets and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children.

b) Dental Medical Supplies: \$1,000; To purchase sealants for the dental services.

c) Office Supplies (Expendable): \$500; To purchase office supplies and materials.

EQUIPMENT: \$7,500

\$7,500 is requested to purchase one vehicle for the MCH Program needs to improve the outreach activities.

CONTRACTUAL SERVICES: \$3,000

A sum of \$3,000 will contract an off-island laboratory to read pap smears.

OTHERS: \$2,300

\$500 will cover printing & reproduction; b) \$500 for communication; c) \$500 for POL d) \$500 for freight and e) \$300 for repair and maintenance.

Total: \$105,562

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2011

State of Yap

PERSONNEL: \$69,097

\$69,097 is requested to continue support salaries of eight (8) existing MCH staff plus one (1) new position for a nutritionist with a staff merit increase.

FRINGE BENEFITS: \$4,146

Fringe benefit is based on 6.0% of the total base salary, which covers social security, insurance

and other benefits due the staff.

TRAVEL: \$4,160

A sum of \$1,710 is requested for intra-island travel to conduct outreach clinics. The differences will support off-island travel of the MCH Coordinator or program staffs to attend the FP/MCH Annual Meeting in Guam.

EQUIPMENT: \$0

No equipment requested in FY-2011.

SUPPLIES: \$2,000

A sum of \$3,000 is requested to purchase medical and office supplies for MCH Program.

CONTRACTUAL SERVICES: \$3,000

\$3,000 is requested to continue contract one off-island laboratory for Pap smears reading.

OTHER: \$1,000

A sum of \$800 is requested to support the Yap Interagency Nutrition Education Council in its efforts to promote "Go Local" in communities and \$200 for fuel to do outreach activities.

TOTAL: \$83,403

An attachment is included in this section.

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section "New State Performance Measure Detail Sheets and Data."

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.